

REAGENT LOG

Analyst: CW Crime Lab Case #: 0303339 Date: July 03

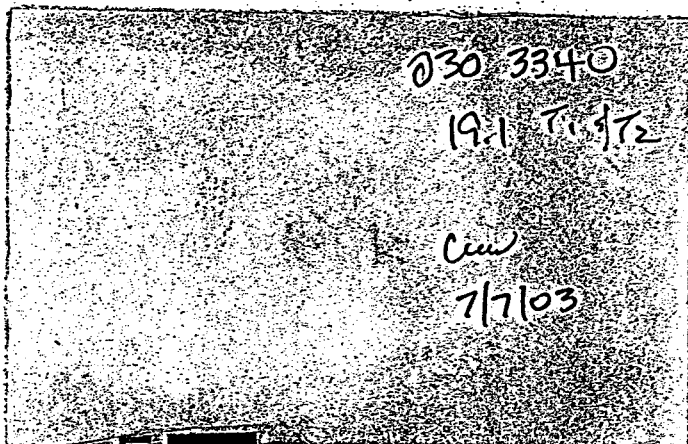
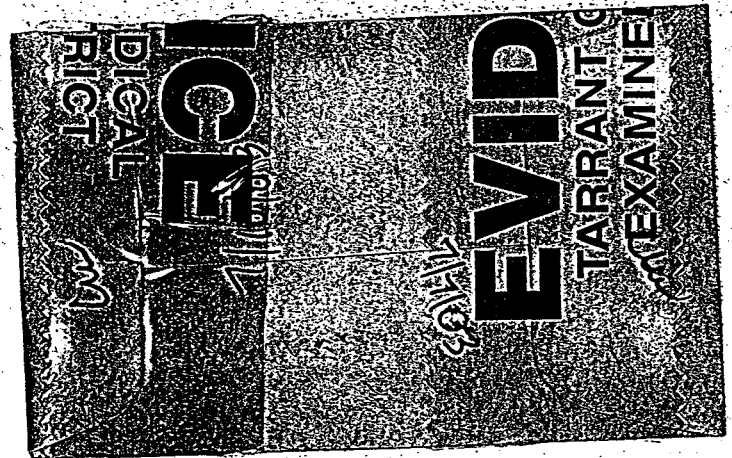
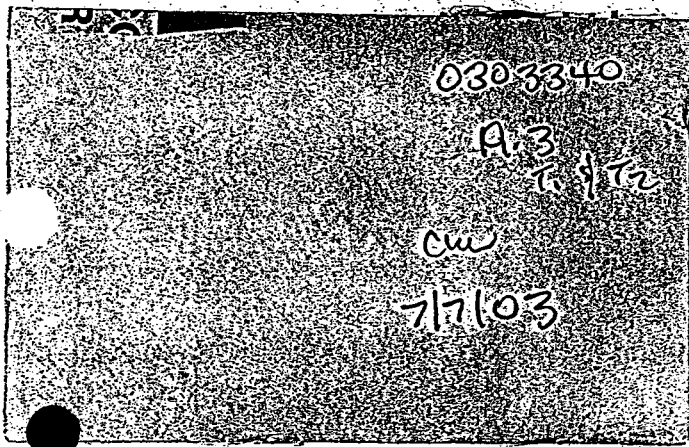
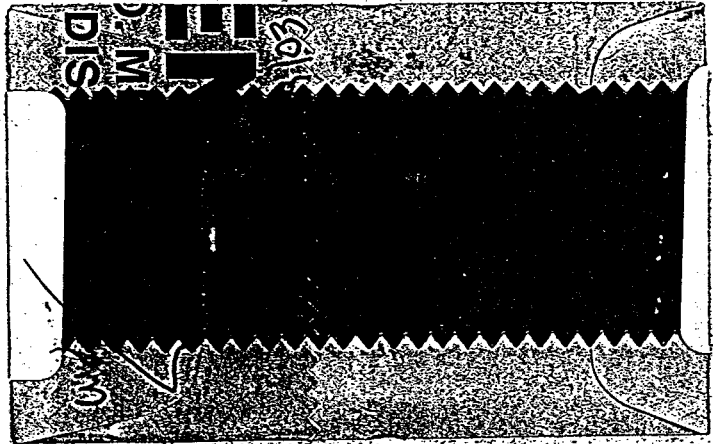
| Reagent | Lot # / Exp date |
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| Extraction Buffer | 042303clp |
| TE ⁻⁴ | 123002clp |
| 4M DTT | 071902cvw |
| Proteinase K | 061003clp/0304 |
| Phenol:Chloroform:Isoamyl | 1148557 |
| QuantiBlot kit | E01526 / 022904 |
| Hydrogen peroxide | 022925 |
| Chromogen | D01378 / 033104 |
| Biodyne B | 100141 |
| Profiler Plus kit | 0211060 / 112203 |
| COfiler kit | 0211043 / 112003 |
| GS 500 Rox | 36095711131 |
| Formamide | 0212196 |
| 310 Buffer | 0111125 |
| POP-4 | 0303098 / 082803 |
| 310 Capillary | MCV04A |
| Dye Primer Matrix Standard | 0302054 |

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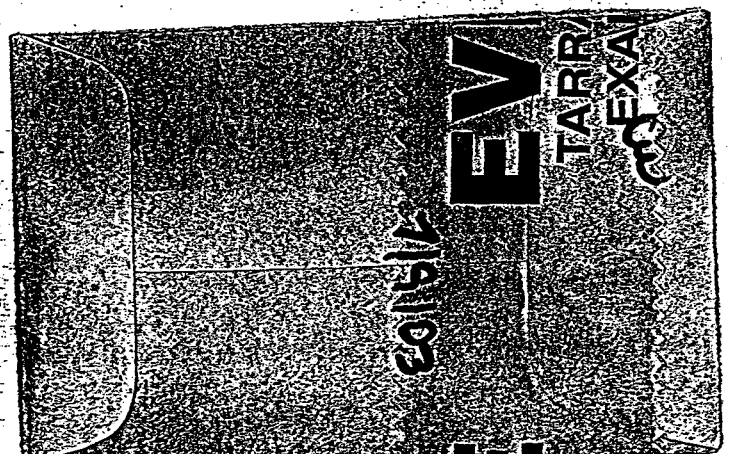
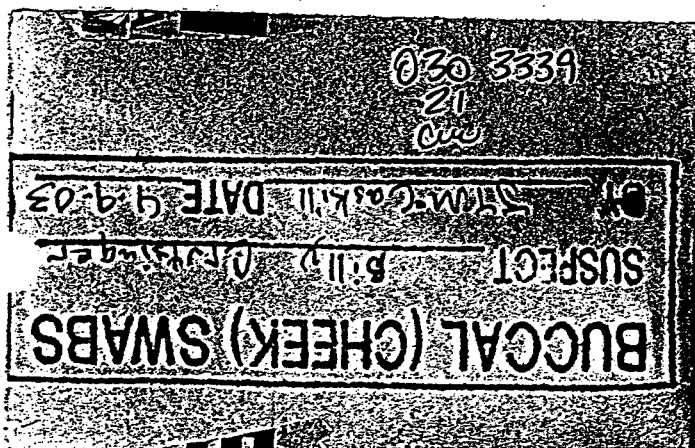
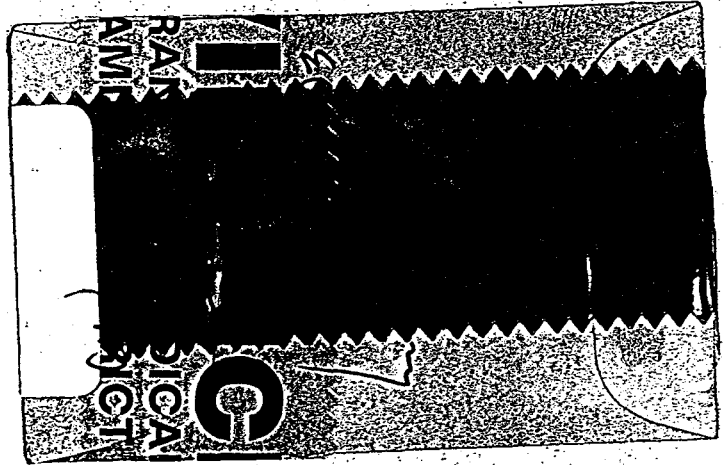
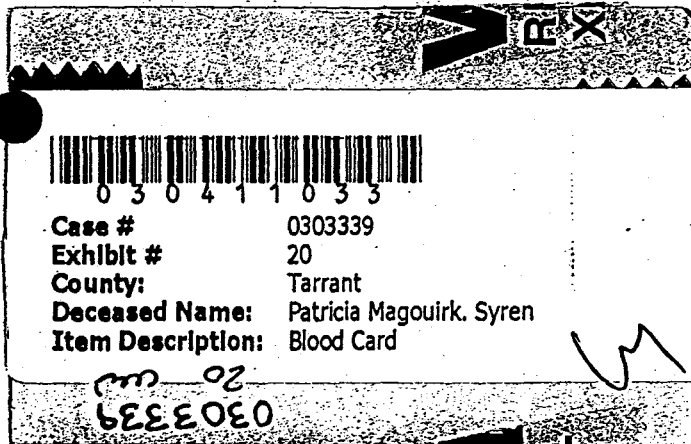
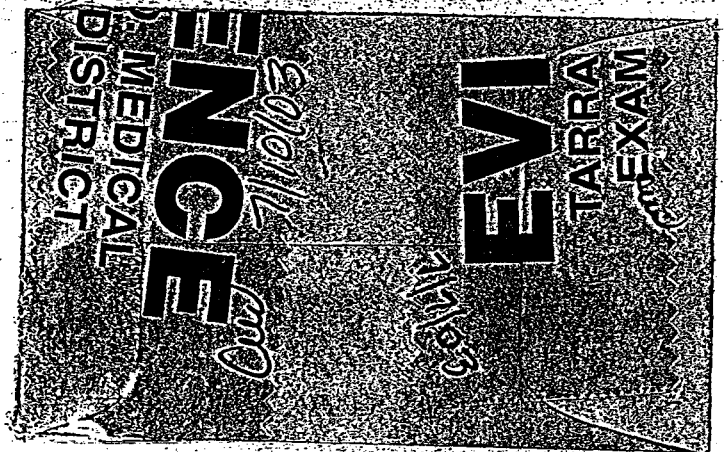
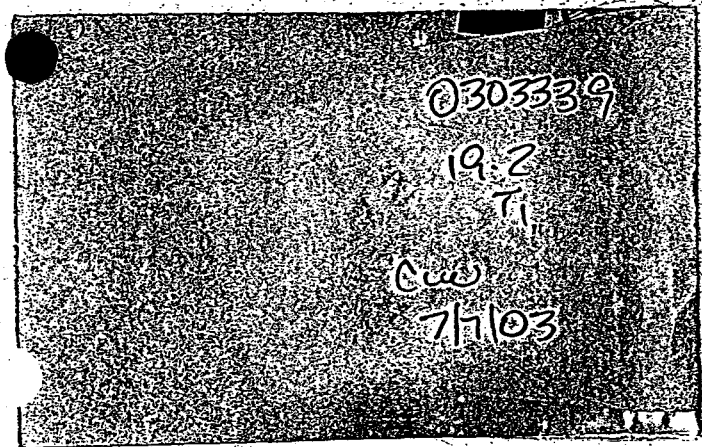
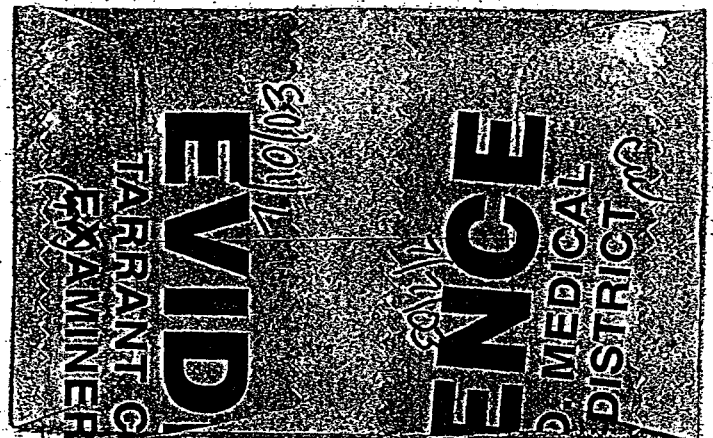
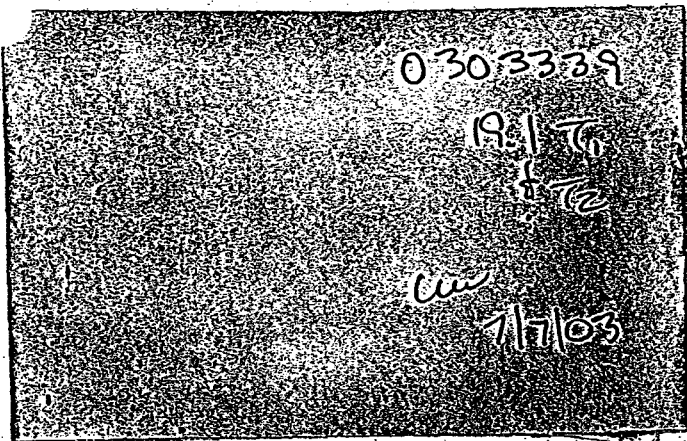
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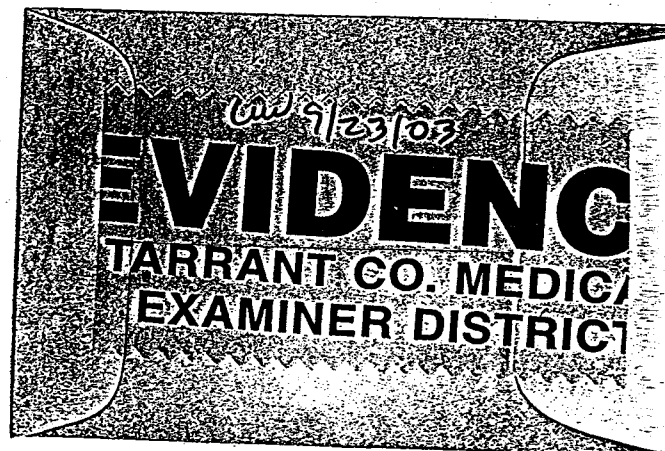
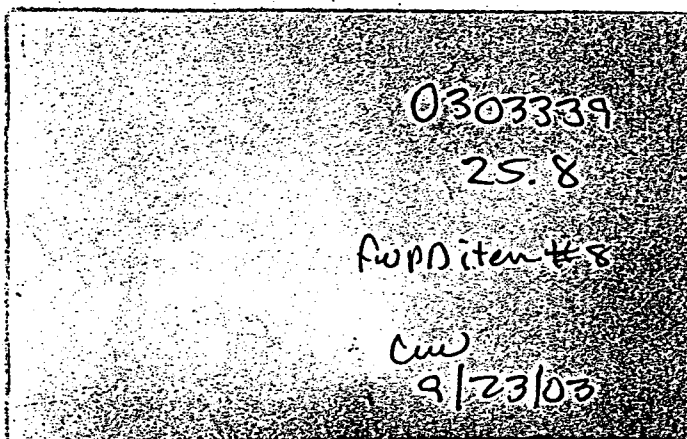
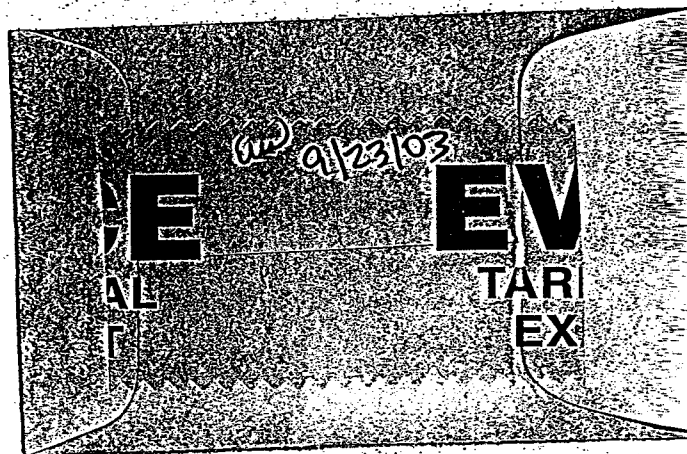
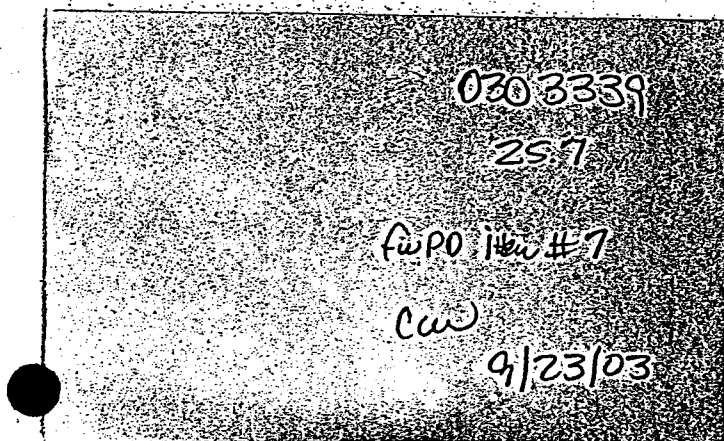
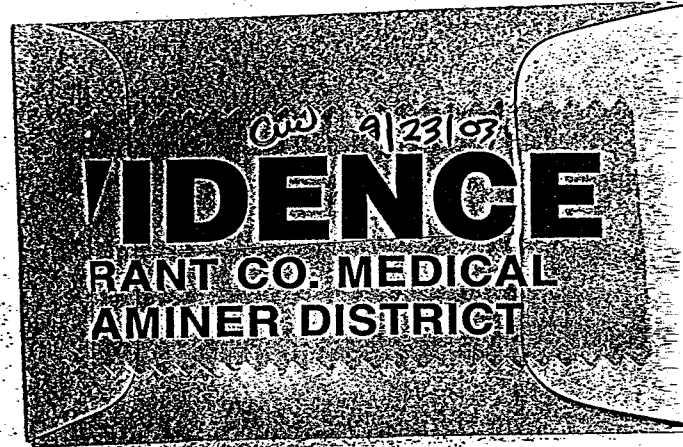
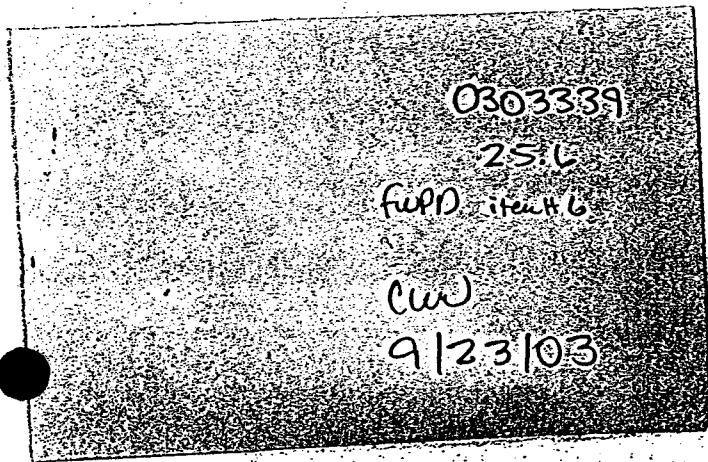
Case # 0303340
Exhibit # 16
County: Tarrant
Deceased Name: pearl jordan. magouirk
Item Description: Blood Card

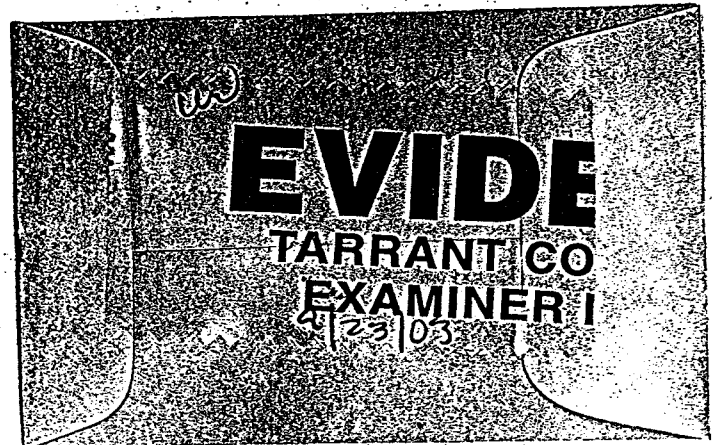
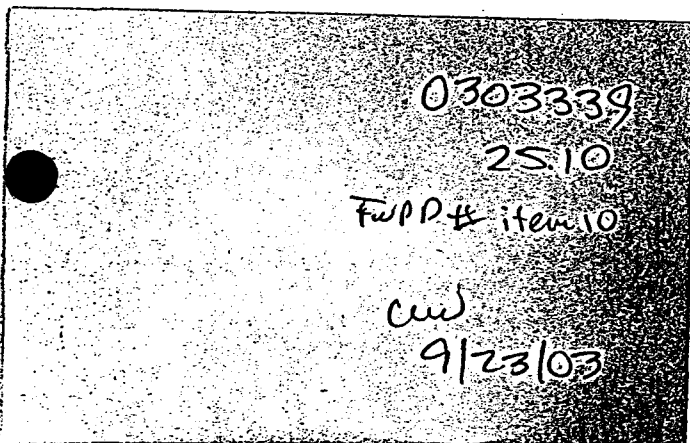
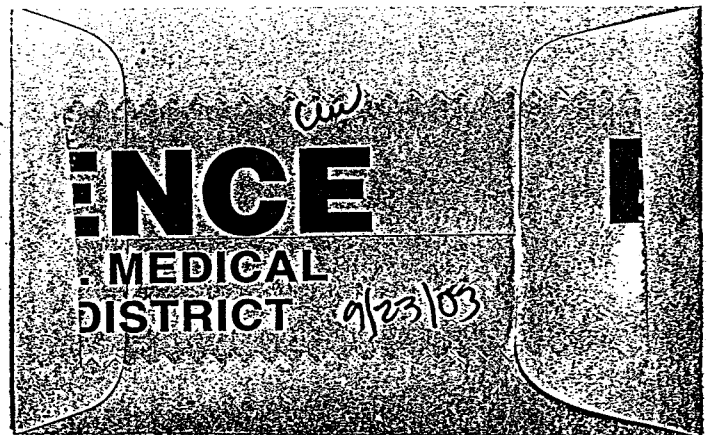
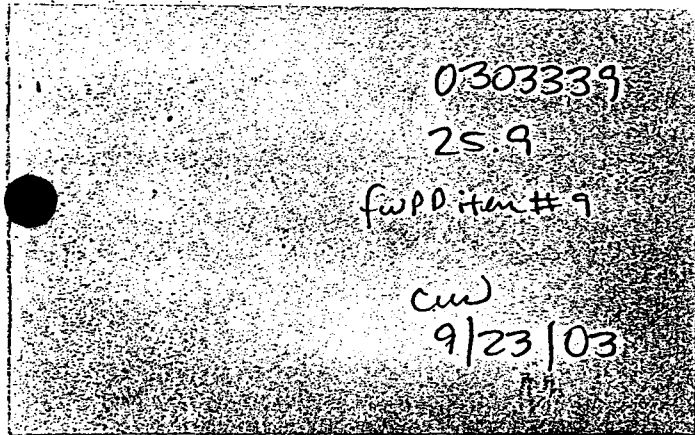
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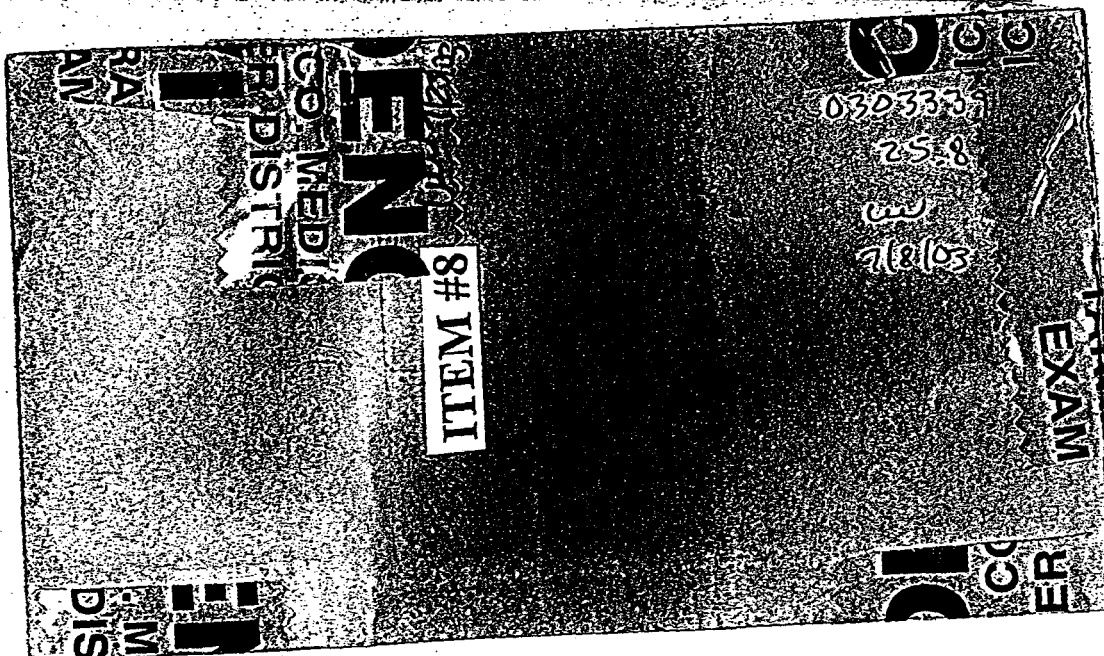
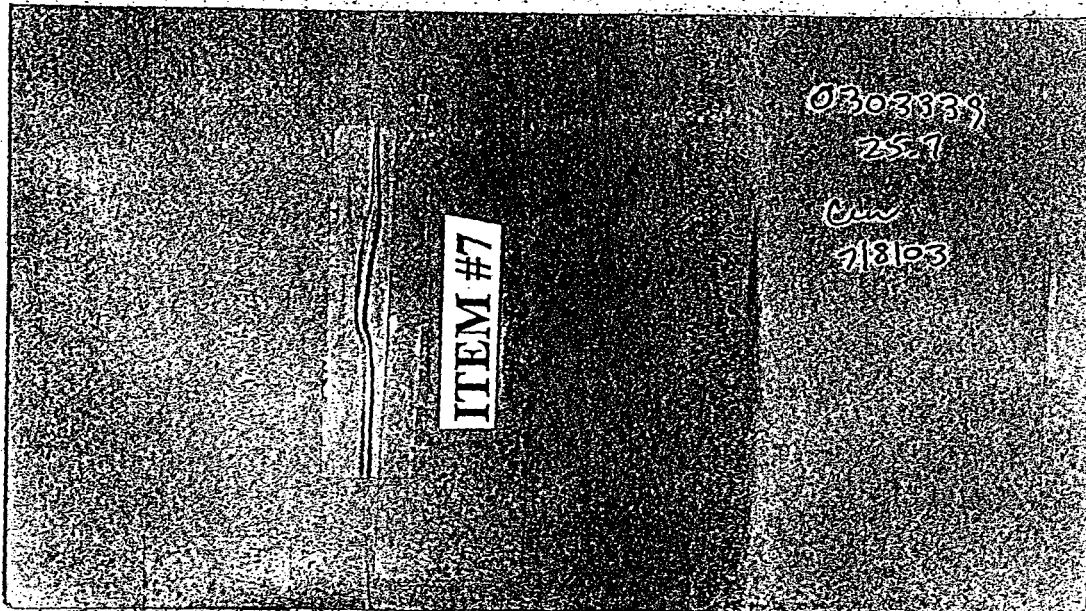
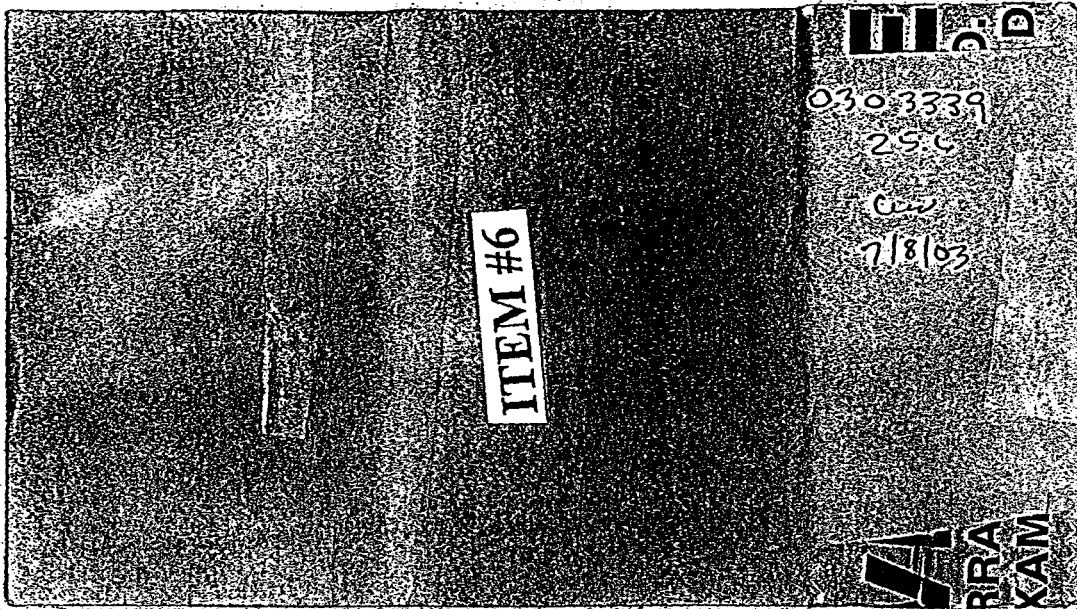
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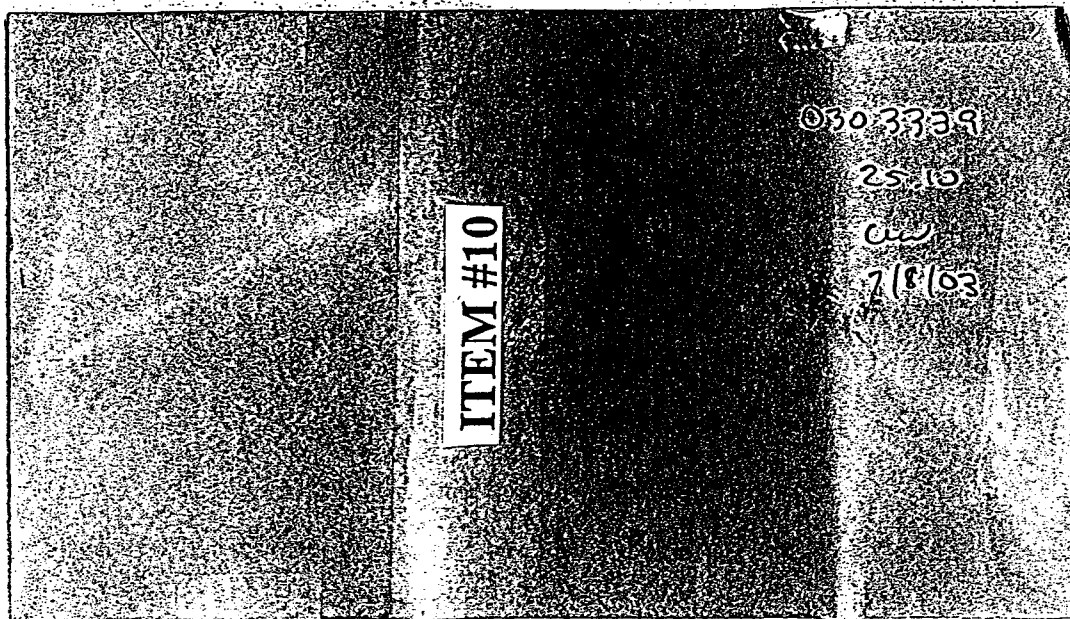
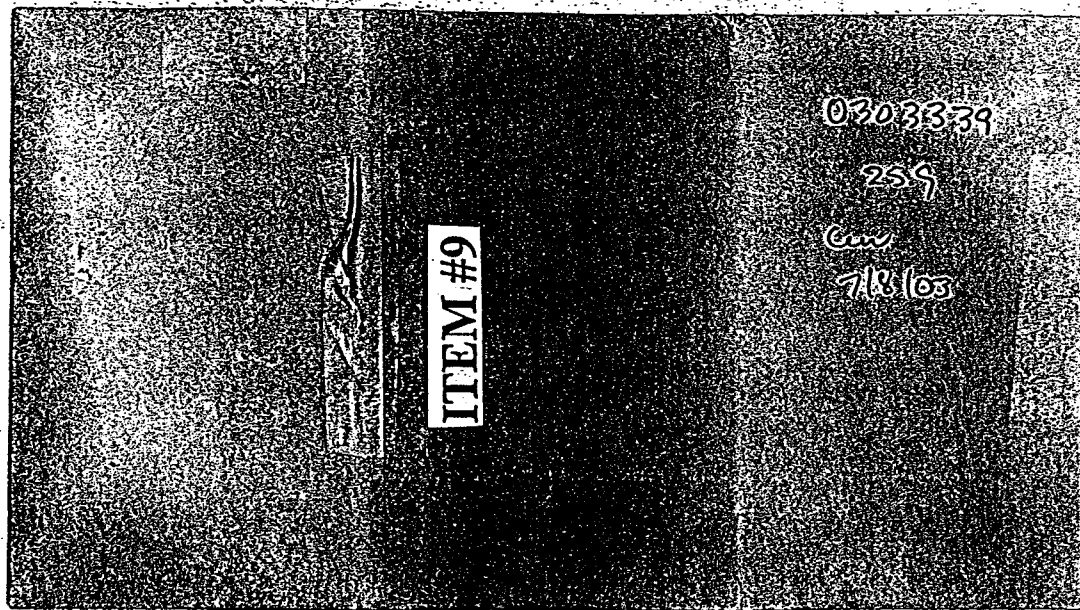


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- packaging released
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- swab retained
coin envelopes

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- packaging
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- swabs retained
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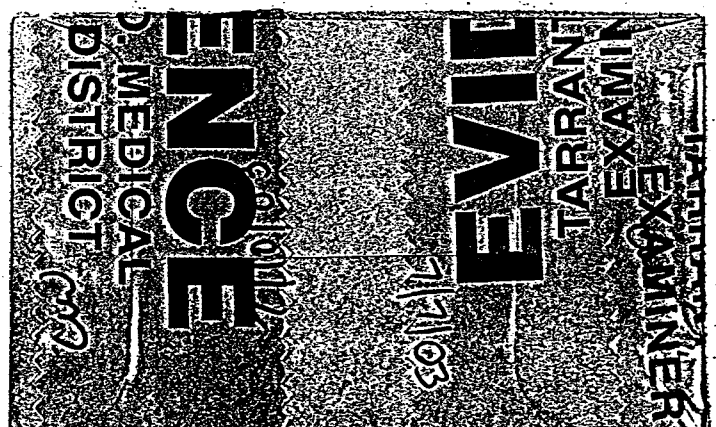
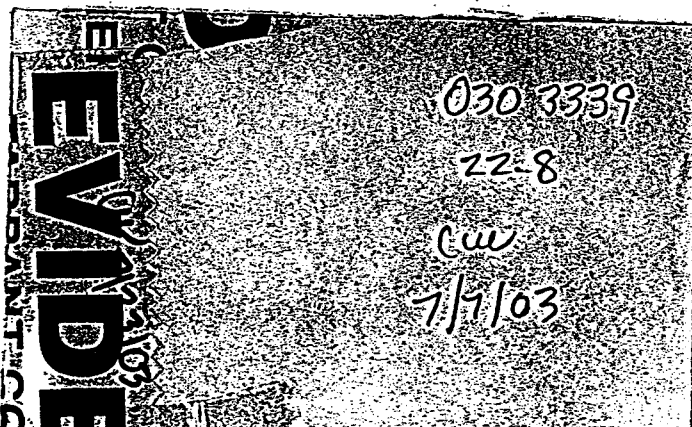
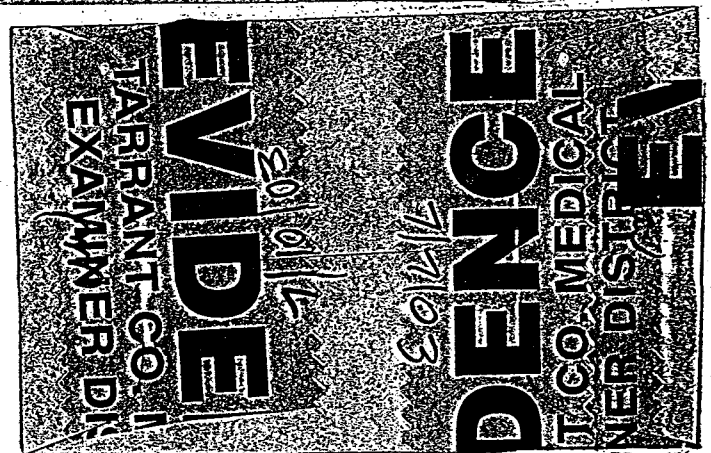
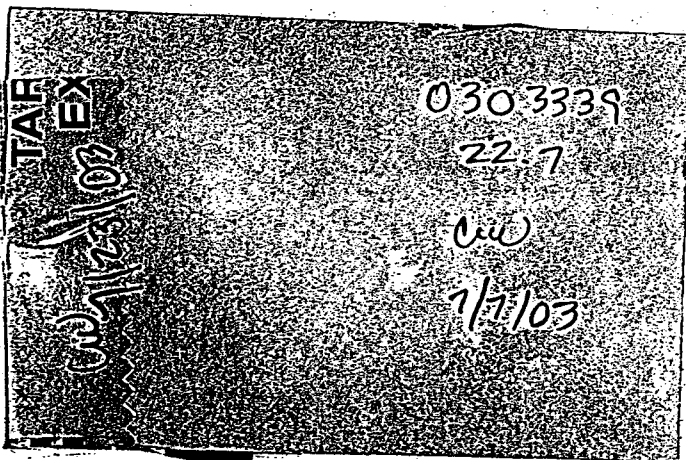
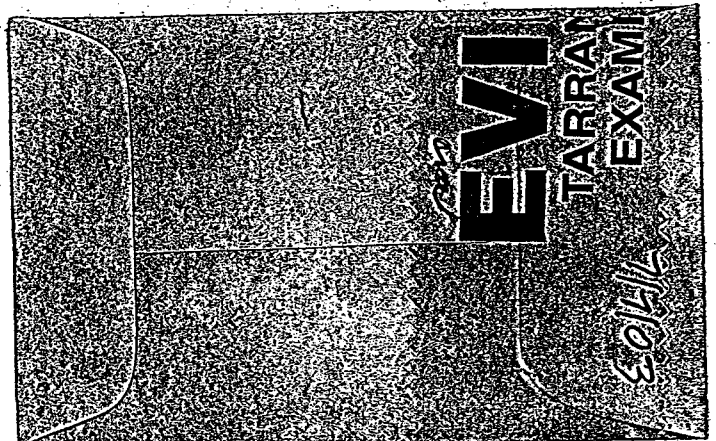
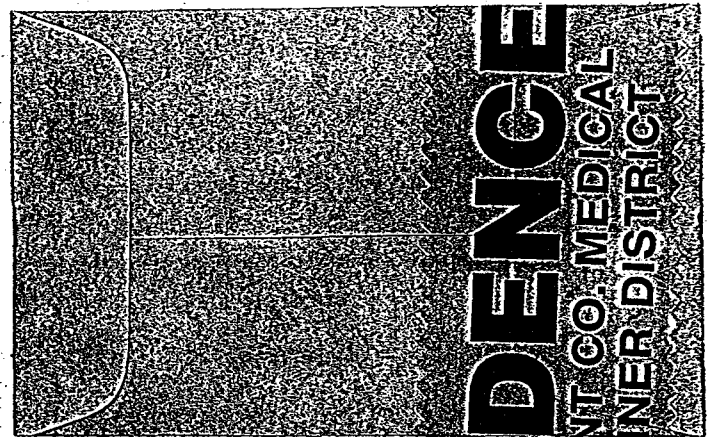
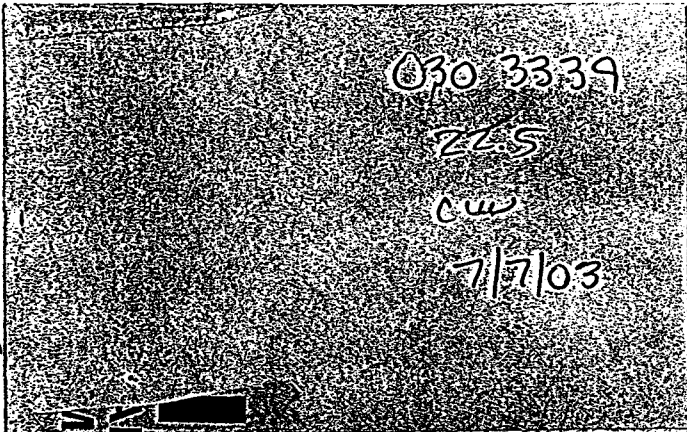
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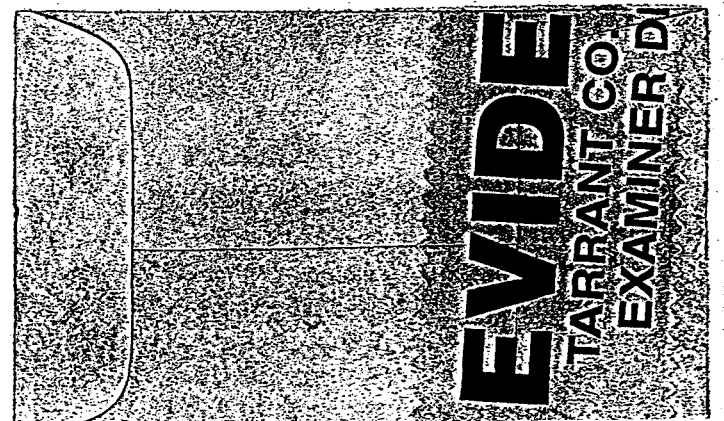
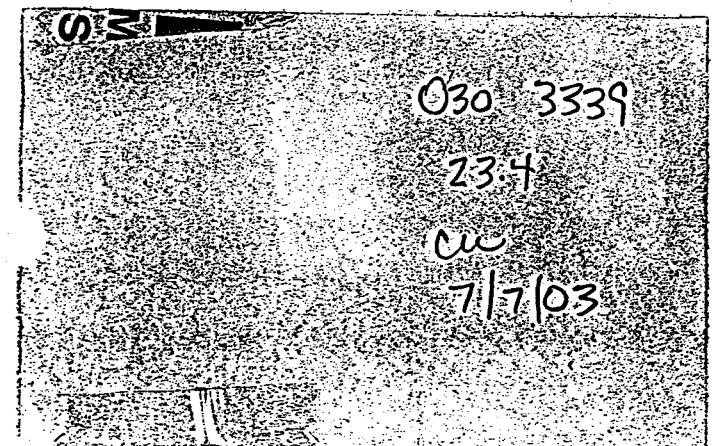
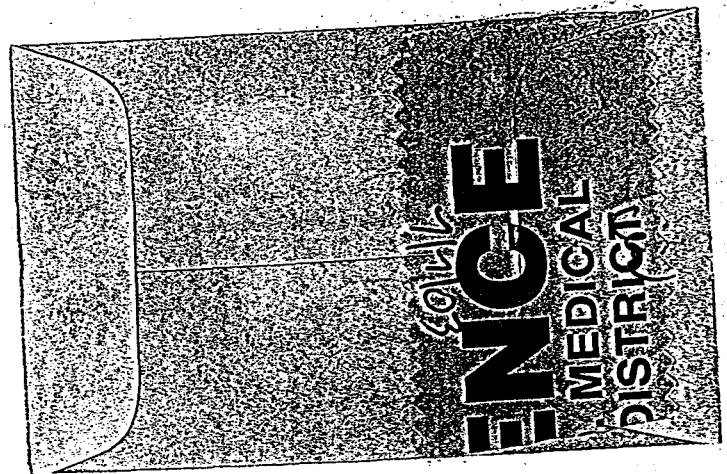
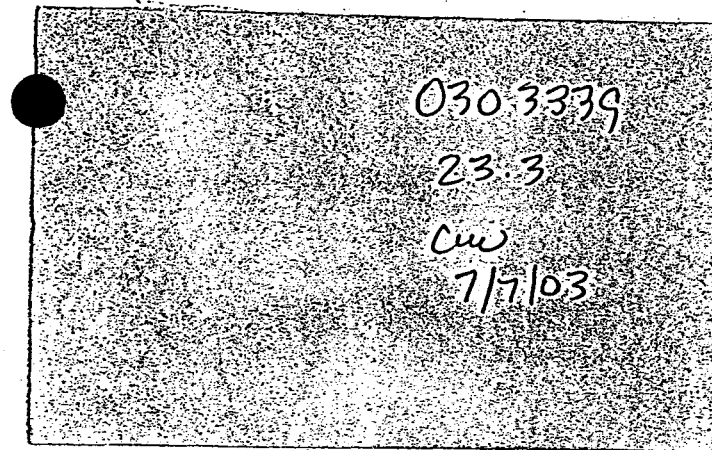
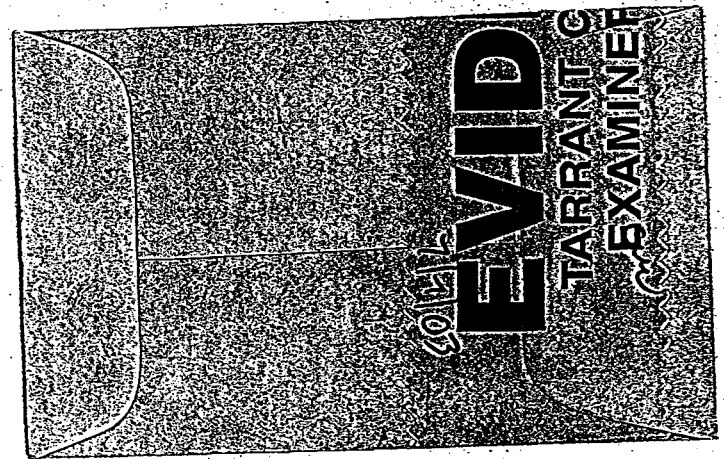
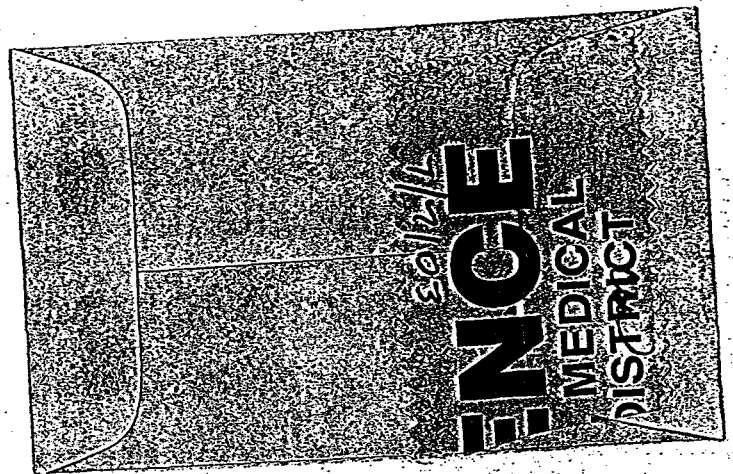
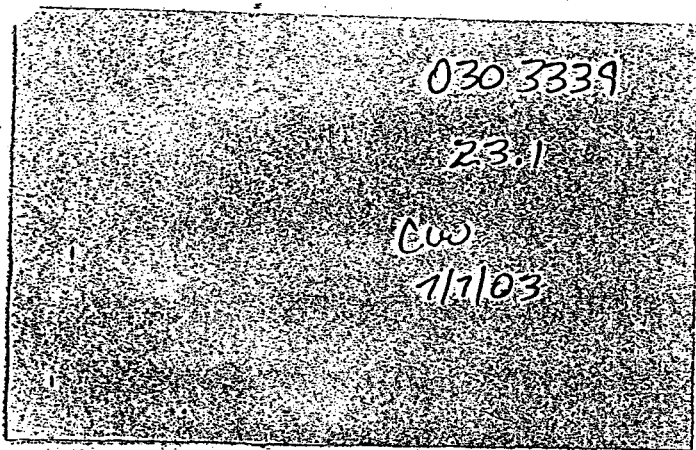
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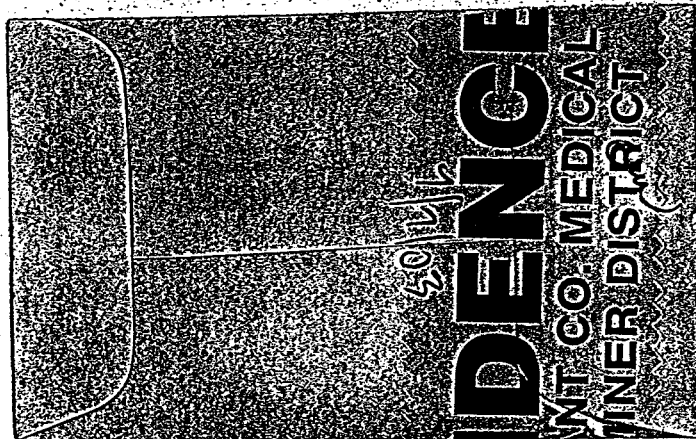
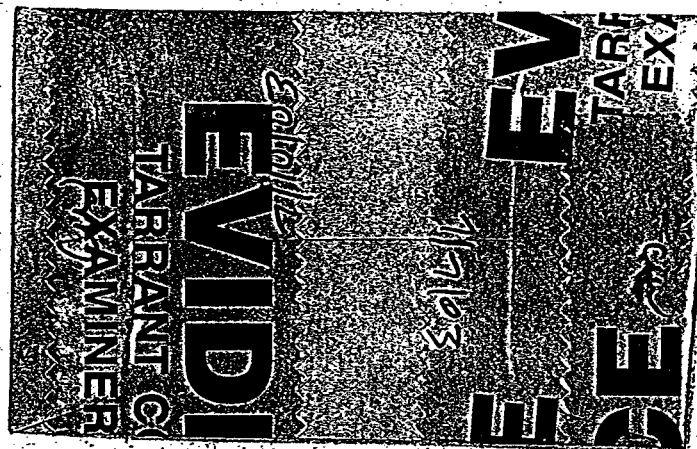
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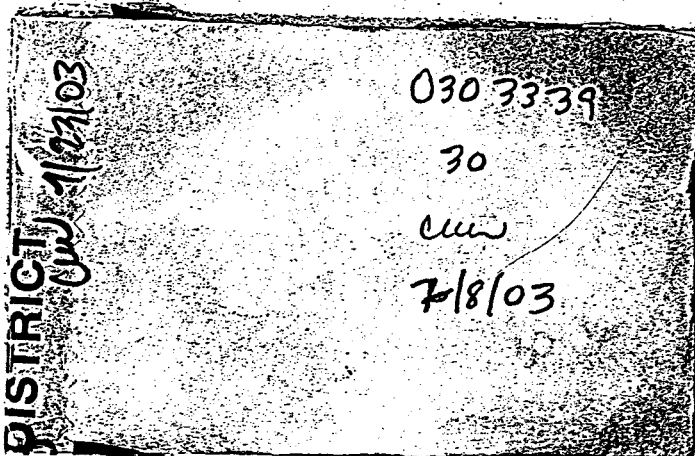
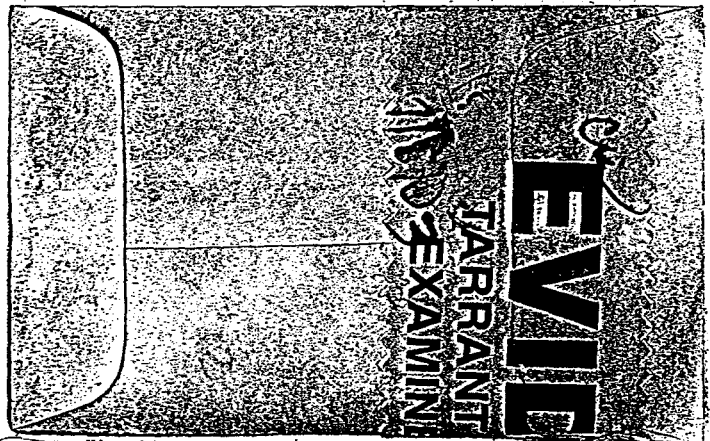
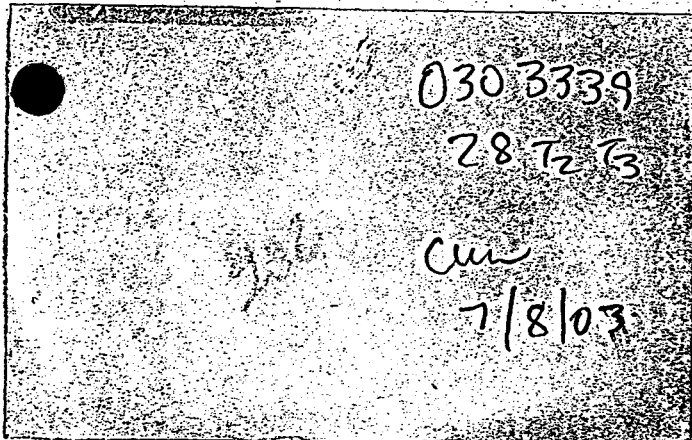
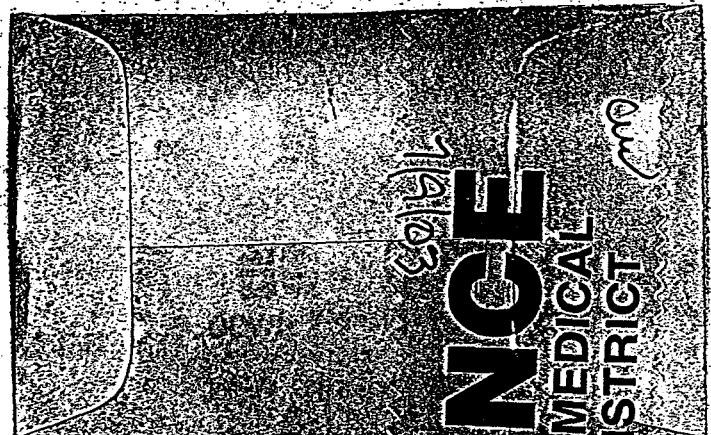
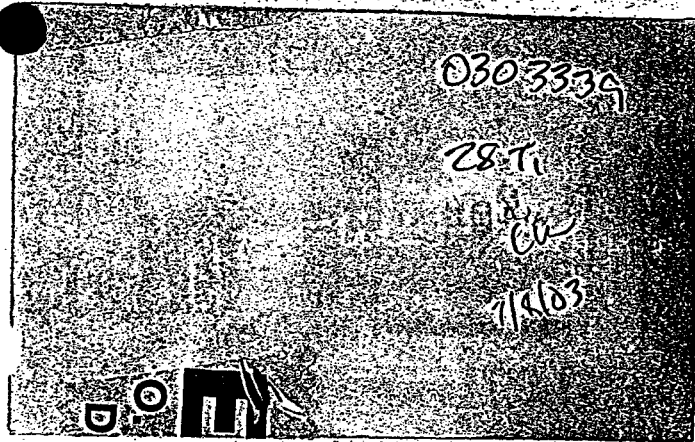
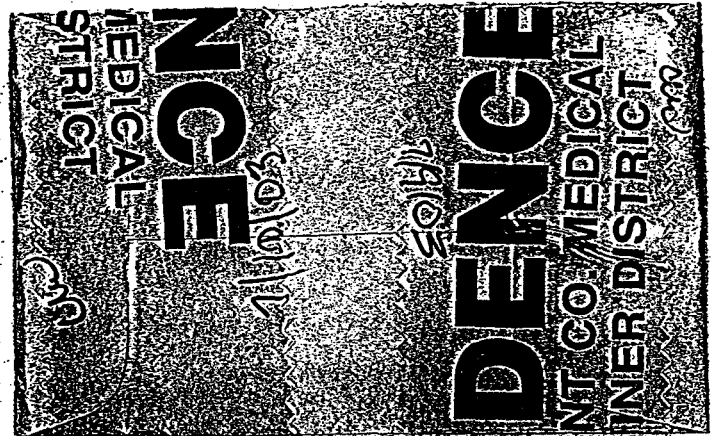
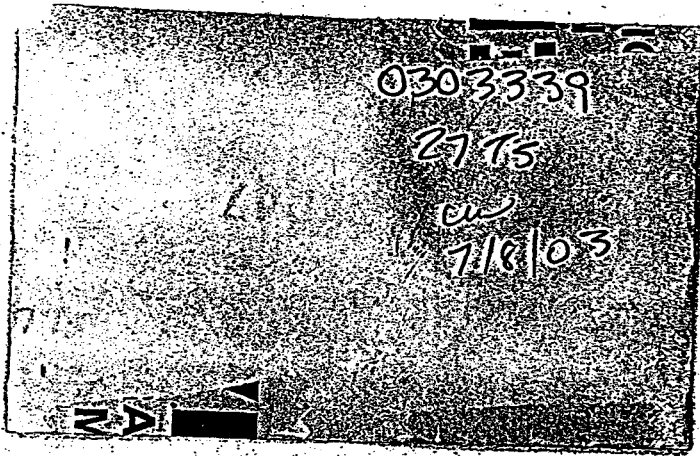
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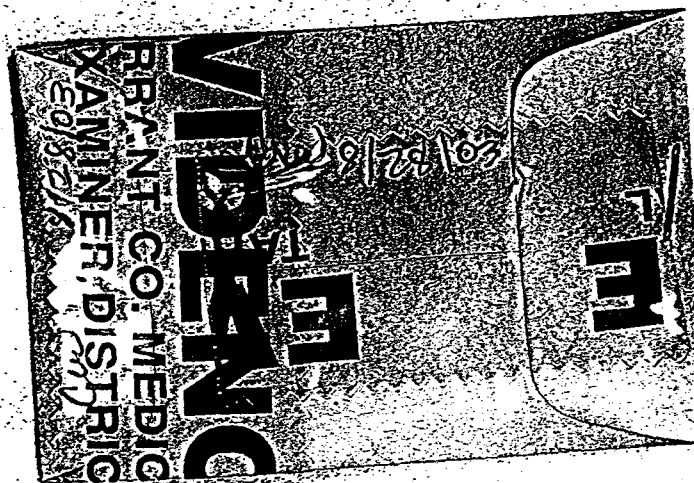
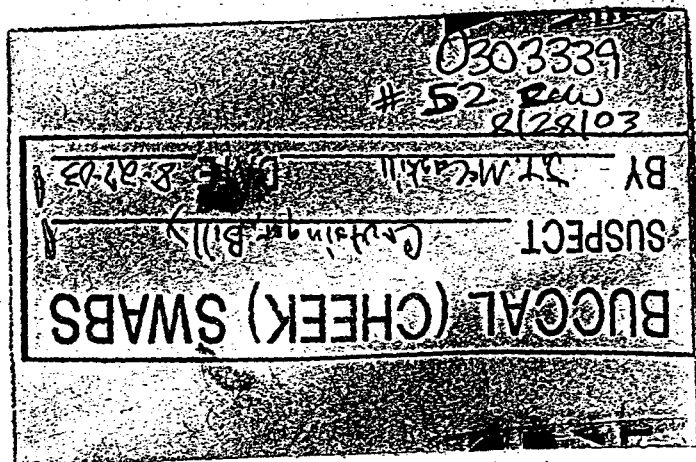
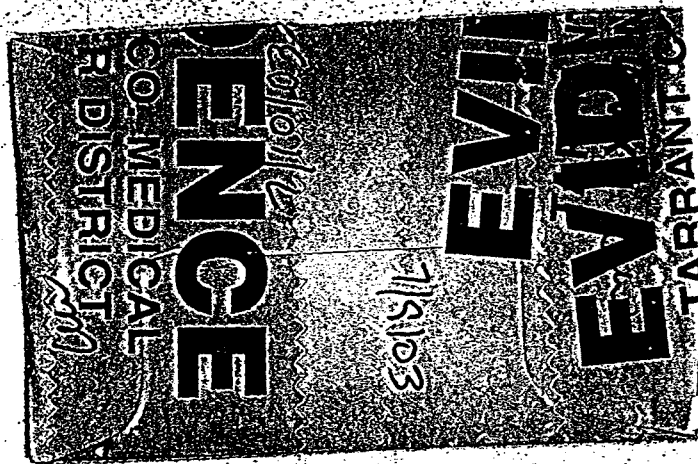
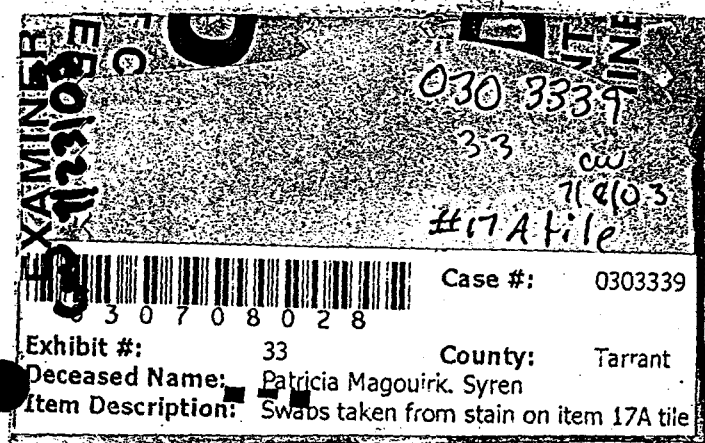
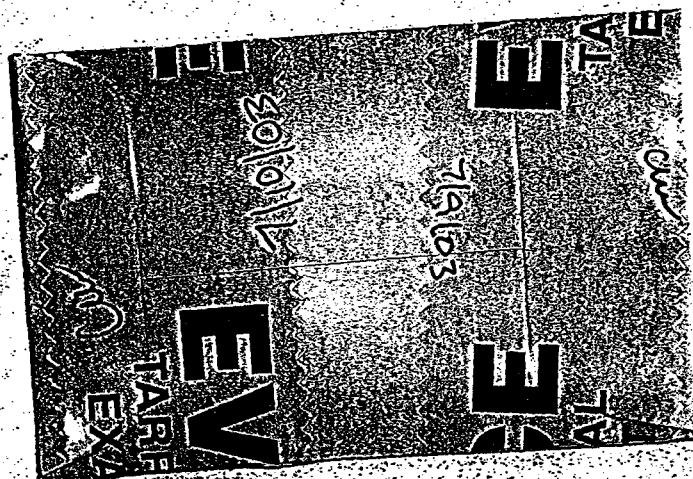
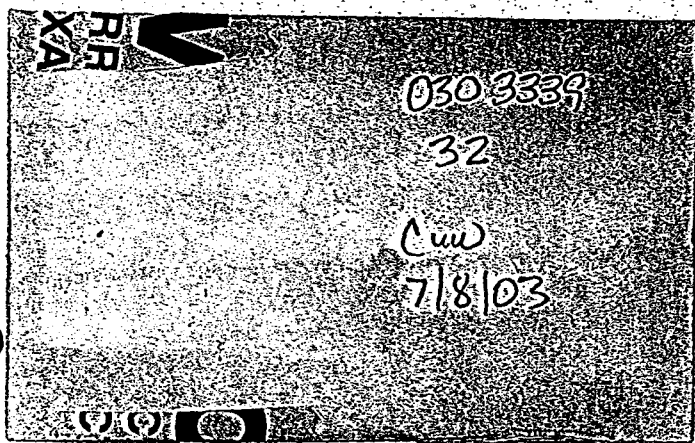
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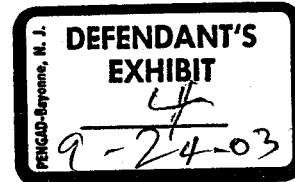
SEARCH WARRANT

SW-11397

CITY OF FORT WORTH)(

COUNTY OF TARRANT)(

STATE OF TEXAS)(



THE STATE OF TEXAS to the Sheriff or any peace officer of Tarrant County, Texas, or any peace officer of the State of Texas,

GREETINGS:

WHEREAS, the affiant, J.T. McCaskill I.D. 1895, of the Fort Worth Police Department, whose signature is affixed to the affidavit appearing on the reverse hereof is a peace officer under the laws of Texas and did heretofore this day subscribe and swear to said affidavit before me (which said affidavit is by this reference incorporated herein for all purposes), and whereas I find that the verified facts stated by affiant in said affidavit show that affiant has probable cause for the belief he expresses therein and establishes the existence of proper grounds for the issuance of this warrant:

NOW, THEREFORE, you are commanded to forthwith transport Billy J. Crutsinger to an appropriate facility and there have qualified personnel to obtain epithelial cell samples from Billy J. Crutsinger in accordance with accepted medical practices and you will seize the same and bring before me a Schedule of Evidence Seized at my office, situated in Tarrant County, Texas, in the City of Fort Worth at the address given below, within three days, exclusive of the day of its execution, with your return thereon, showing how you have executed the same.

HEREIN FAIL NOT and due return make hereof to me at the time and place named.

ISSUED at 10:35 o'clock, A.M., on this the 26 day of Aug 2003, to certify which witness my hand this day.

A handwritten signature in black ink, appearing to be "Shawls", written over a horizontal line.

Judge, Tarrant County, Texas

A handwritten signature in black ink, appearing to be "Judge, CDC #1", written over a horizontal line.

Title and Office

FILED
THOMAS A. WILDER, DIST. CLERK
TARRANT COUNTY, TEXAS

AUG 26 2003

Time 10:40
By [Signature] Deputy

AFFIDAVIT TO SEARCH FOR AND SEIZE EVIDENCE

CITY OF FORT WORTH)(

COUNTY OF TARRANT)(

STATE OF TEXAS)(

FILED
THOMAS A. WILDER, DIST. CLERK
TARRANT COUNTY, TEXAS

Page 1 of 4

AUG 26 2003

Time 10:40
By [Signature] Deputy

Before me, the undersigned authority, on this day personally appeared Affiant, John McCaskill, a police officer for the Fort Worth Police Department, for the City of Fort Worth, Tarrant County, Texas, who after being duly sworn on oath deposes and says: My name is J.T. McCaskill, 1895, Detective, Fort Worth Police Department, and I have good reason to believe and do believe that on or about the 6th day of April, 2003, in Tarrant County, Texas Billy J. Crutsinger, white male, date of birth October 5th, 1954, did then and there commit the offense of Capital Murder(multiple victims) in that he did then and there intentionally cause the death of an individual, Patricia Syren by stabbing her multiple times with a knife or cutting instrument and by cutting her throat and did then and there cause the death of an individual, Pearl Magouirk by stabbing her multiple times with a knife or cutting instrument and cutting her throat and both murders were committed during the same criminal transaction. My belief is based upon the following facts and information which I personally discovered or which were told to me by persons who were credible and reliable:

- A. On April 8, 2003 at approximately 1913 hours you affiant, assigned to the Fort Worth Police Department Homicide Unit, was contacted by police communications. Your affiant was advised a double homicide was discovered at 2716 Scott Avenue, Fort Worth, Tarrant County, Texas. Affiant responded to the scene, arriving at approximately 1940 hours.
- B. Affiant noted that several marked patrol cars and uniformed police personnel were on the scene. Yellow crime scene tape was stretched across the front yard of 2716 Scott Avenue. Your affiant's attention was directed to a white female at the scene identified as April Syren. Affiant learned that she was the goddaughter of Patricia Syren, whom affiant learned was one of two deceased elderly female victims who were located inside the house. Affiant learned from uniformed patrol personnel on the scene and/or April Syren that April Syren had come to the residence to check on the welfare of her godmother, Patricia Syren and Patricia Syren's mother, Pearl Magouirk. Your affiant learned from uniformed patrol personnel that April Syren had told them the following: that when she arrived at the residence, she approached the front door and noted the storm door was unlocked and the keys were inside the lock. The front door, situated behind the storm door, was locked. Syren took the keys from the inside lock of the storm door and unlocked the front door with it and opened it. She then observed items on the floor that made it appear that some type of disturbance had occurred. Affiant learned that April Syren told uniformed police personnel on the scene that she then went to a neighbor, Robert Greer, and requested assistance. Mr. Greer entered the residence and observed apparent blood on the floor of the entryway just inside the front door; he then observed the bodies of Patricia Syren and Pearl Magouirk, whom he knew, and had last seen alive April 6, 2003, lying in a hallway adjacent to the living room of the residence. Mr. Greer then exited the residence and emergency personnel were called to the scene. Uniformed officers from the Fort Worth Police Department responded and established contact with your affiant, to whom they related this information. Affiant also noted that the information from April Syren and Mr. Greer appeared to be consistent with each other and with information obtained from police personnel on the scene and with affiant's own observation of the scene, and therefore appeared to be credible and reliable.

CITY OF FORT WORTH)(

COUNTY OF TARRANT)(

STATE OF TEXAS)(

- C. Your Affiant then spoke to Crime Scene Search Officers Wilson and Walles, who are with the Fort Worth Police Department and are personally known to your Affiant. Your Affiant and these officers then went in the residence to begin the investigation. The investigation revealed that both victims in the house, Patricia Syren and Pearl Magouirk, had multiple stab wounds and their throats were also cut. Their deaths appeared to be contemporaneous, given their similar wounds and that one body appeared to be next to and on top of the other. It also appeared from the state of decomposition that the victims had been dead at least 24 hours. Your Affiant also learned during the investigation that a 1996 Cadillac was missing from the detached garage behind the Scott Avenue residence, and that this vehicle belonged to Patricia Syren. Patrol Personnel conducted a database check and found the license number of the vehicle. A broadcast was made through police communications in reference to the stolen vehicle. Police personnel were then notified that the vehicle was found abandoned in the parking lot at a bar at 3116 North Main, Tarrant County, Texas. It was processed for physical evidence and a significant amount of blood was located in the interior of the vehicle. The previous information was relayed to your affiant by Fort Worth Police personnel.
- D. Your Affiant, while in the residence on Scott Avenue observed numerous drops of blood in the entrance way to the house, in the living room and in the dining room of the house, which is adjacent to the hallway where the bodies were found. Your affiant observed drops of blood leading from the dining room into the kitchen and leading to a kitchen drawer containing towels. The trail appeared to stop at that point. Your affiant also observed in the detached garage where the Cadillac was kept a significant amount of blood on the floor in the approximate location where the driver's side door would be located in a car parked in that garage. This information led your affiant to believe that the person responsible for the victim's deaths was injured.
- E. In the house, Affiant also observed that a light was flashing on the telephone base. The telephone was located in the hall where the bodies were found. Affiant noted this light indicated messages were left on the answering machine feature of the phone. Affiant listened to these messages. One was a message for Patricia Syren from an individual named "Tony" asking her to verify some charges on her Morgan Stanley Mastercard Account. "Tony" left a telephone number for the victim to return his call. Affiant called this number and was able to reach personnel that told affiant this was a third party fraud detection service contracted with Mastercard. Affiant learned from this service that numerous charges had been made on the victim's card in the last 48 hours. Affiant also learned that a hotel room at the Seahorse Inn in Galveston, Texas was rented using the card in the early morning hours of April 8, 2003, and at a liquor store on the evening of April 8, 2003. Affiant then surmised that given the state of decomposition of the victims and the fact that Mr. Greer had last seen them on Sunday, April 6, 2003 at their home, that someone else had been using Patricia Syren's credit card. Affiant notified Sgt. J.D. Thornton of these facts. Sgt. Thornton subsequently contacted the Galveston Police Department and notified them of these facts. Your Affiant and Det. M.M. Hardy, ID #2151, then proceeded to Galveston, Texas.
- F. Affiant then learned as follows from Police Officers of the Galveston, Texas Police Department: that Officer Simpson, a police Officer with the Galveston Police Department, proceeded to the Seahorse Inn and spoke with the night manager, Daniel Teo, who was personally known to them. Officer Contenta of the Galveston Police Department also arrived and spoke with Mr. Teo. They discovered that Patricia Syren's credit card had been used by a white male to rent room number 101. This person identified himself on the

CITY OF FORT WORTH)(

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COUNTY OF TARRANT)(

STATE OF TEXAS)(

registration card as "David Jones". Mr. Teo told Officer Contenta that the person renting this room had arrived by Yellow Cab and appeared to have been drinking at Club 23, which is located in the same building as the nearest Yellow Cab stand. The Officers went to Room 101, which appeared to have been abandoned as there were no personal possessions in the room and the key had been left inside. However, a Lay's potato chip bag with a residue of chili and cheese had been left inside the room. The Officers were aware of which nearby convenience stores served food of that nature. Officer Simpson then went to the Diamond Shamrock convenience store, close to the Seahorse Inn, and talked to the store clerk, Loretta Rouse, who stated that a white male had tried to purchase a chili cheese dog and chips with a credit card, but the credit card had been declined. The clerk then stated that the male paid in cash and left. She described the man with the card as a white male, 25-35 y.o.a., with a yellow shirt. Officer Contenta proceeded to the Yellow Cab stand, where he spoke to the dispatcher. She indicated they had a person walk in and requested service at 1:19 a.m. according to their log. The dispatcher broadcast this information in an attempt to learn who had picked up this fare. The individuals who would have personal knowledge of this were not on duty at the time and so the officers agreed to return and pursue this information later. Officer Simpson notified Affiant's Police Department of this information

G. Officer C. Garcia Jr. of the Galveston Police Department was notified at approximately 11:15 the next morning that Driver Donald Epps of Yellow Cab wanted to speak to him. Mr Epps, who was known to him, related he had picked up a fare fitting the suspect description at the Waffle House on 61st Street and had taken him to Tony's Lazy Lounge. This person was a white male in a white Joe's Crab Shack tee shirt, blue jeans, a red hat, glasses who said he was from Dallas, Texas. Mr. Epps also passed on information from another cab driver that he had driven the same individual to the Elbow Room. Both of these bars were on Galveston Island. Officer C. Garcia III of the Galveston Police Department then went to these bars in an attempt to locate the suspect. He and other Galveston officers went to the Elbow Room, but no one was there. They notified the bartender of the description of their suspect. While at another bar, the bartender at the Elbow Room called to say she remembered seeing the individual in question, and that he was a white male in his mid-forties, with wavy gray hair, about 220-250 lbs. with a pot-belly, and dressed in blue jeans, the Joe's Crab Shack tee-shirt and brand new white tennis shoes. Officer Garcia then remembered that he had seen a man fitting that description shortly before when he had looked in Tony's Lazy Lounge, but had discounted him because he seemed too old. Officer and because he had been told by the bartender that person was a "regular". Officer Garcia III returned to Tony's Lazy Lounge and saw Billy Jack Crutsinger in the bar. Mr. Crutsinger appeared to be in his mid-forties, with wavy gray hair, wearing a Joe's Crab Shack tee-shirt, new-looking white tennis shoes and blue jeans. He also appeared to have a fairly recent cut on his finger. Officer Garcia III asked him his name, and he refused to answer and cut his eyes towards the door. It appeared as though he was looking for an exit to Officer Garcia III. Officer Garcia III then detained this individual.

H. That your affiant is requesting that a search warrant be issued to collect epithelial cell samples (buccal swabs) from Billy J. Crutsinger for the purposes of making a DNA comparison with Crutsinger's DNA and blood left on the scene of this offense that your affiant believes was left by the actor. Your affiant is aware that modern scientific testing procedures are available that will allow this comparison to be made. Your affiant further believes such testing is necessary in the investigation of this offense.

CITY OF FORT WORTH)(


Page 4 of 4

COUNTY OF TARRANT)(

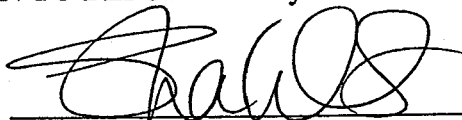
STATE OF TEXAS)(

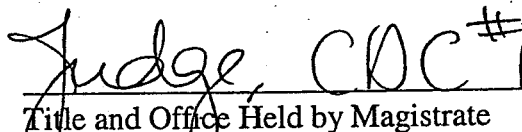
WHEREFORE, I ask this Court to Order, 1) the Sheriff of Tarrant County to make Billy Jack Crutsinger, presently housed in the Tarrant County Jail, available to appropriate personnel for the purpose of taking buccal cell samples from the interior of his cheeks in accordance with accepted medical practices.

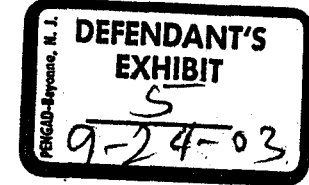
WITNESS BY SIGNATURE this the 26th day of August, 2003.


Affiant

SUBSCRIBED AND SWORN TO BEFORE ME by said affiant on this the 26 day of Aug, 2003.


Magistrate in and for Tarrant County Texas


Title and Office Held by Magistrate



§ 38.02. Failure to Identify

(a) A person commits an offense if he intentionally refuses to give his name, residence address, or date of birth to a peace officer who has lawfully arrested the person and requested the information.

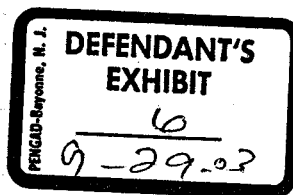
(b) A person commits an offense if he intentionally gives a false or fictitious name, residence address, or date of birth to a peace officer who has:

- (1) lawfully arrested the person;
- (2) lawfully detained the person; or
- (3) requested the information from a person that the peace officer has good cause to believe is a witness to a criminal offense.

(c) Except as provided by Subsection (d), an offense under this section is a Class C misdemeanor.

(d) If it is shown on the trial of an offense under this section that the defendant was a fugitive from justice at the time of the offense, the offense is a Class B misdemeanor.

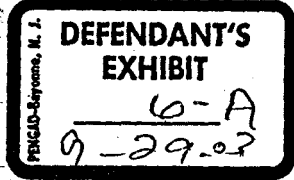
I KNOW
YOUR BE
SIDE YOUR
SELF: BUT
PLEASE FEED
COCO + WATER
THANK YOU
ROSOO
HOUSE
YOU

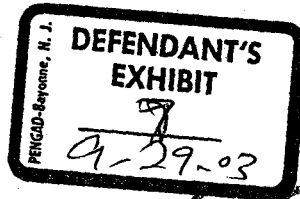


I KNOW
YOUR BE
SIDE YOUR
SLEF: BUT
PLEASE FEED
CAGE + WATER
THANK YOU

BOSS
HOUSE
BY YOU

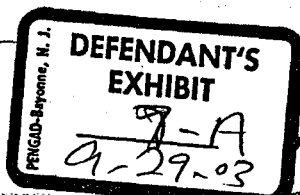
5000





HONEY
THANK
YOU FOR
will?

JUST THANKS
I LL BE BACK
TO GET COLO
SOON LOVE
YOU
SORRY B.B.



HONEY

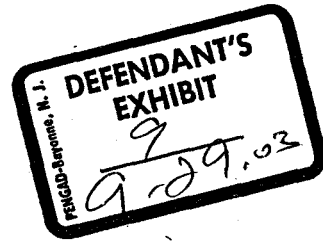
THANK
YOU FOR
will?

JUST THANKS
I LL BE BACK
TO GET Colo
soon Love
you
SORRY B.J.

DEFENDANT'S EXHIBIT NO. 8

Videotape

Available from District Clerk upon request.



JOHN R LINDSEY STATE JAIL
1620 POSTOAK RD
JACKSBORO, TX 76458

JULY 17, 2003

TO WHOM IT MAY CONCERN,

ENCLOSED YOU WILL FIND COPIES OF THE ORIGINAL
JUDGEMENT(S), ETC. FOR SUBJECT, CRUTSINGER, BILLY, TDC#1014350, AS
REQUESTED. I DO CERTIFY THAT THESE ARE COPIES OF THE ORIGINALS
LOCATED IN HIS FILE ON THIS FACILITY. HE WAS RELEASED 10-26-01.

PEGGY PARKER
INMATE RECORDS
JOHN R. LINDSEY STATE
JAIL

Informal Resolution App?

Officer Y ☒
Supervisor Y ☒TEXAS DEPARTMENT OF CRIMINAL JUSTICE
OFFENSE REPORT

Case No.

MHMR Rest Y ☒
PHD Y ☒

- (1) TDCJ No. 1014350 (2) Offender CRUTSINGER, Billy Unit LN
(Last Name, First Name)
- (4) Housing Assignment F4-A-40 (5) Job Assignment Student
- (6) Offense Level 2 - Code 25.1-A Refusing to attend an academic or vocational program
in which the offender is enrolled, without a legitimate reason, such as illness.

OFFENSE DESCRIPTION On 2-5-01 at 1330 ~~AM~~ PM, and at B-Building-Room 128
(7) Date (8) Time (9) Enter Specific Location

Offender CRUTSINGER, Billy TDCJ No. 1014350

refused to attend the Academic program in which he is enrolled, namely,
(Vocational or Academic)

ABE, without a legitimate reason such as illness.
(Name of Class)

(10) Additional Information

Offender CRUTSINGER, Billy did not respond when his name was called
(Last Name, First Name)

from the class roster, and no evidence of a legitimate reason to be absent was
forwarded to this Instructor.

(11) Witnesses NA

(12) Accusing Officer/Employee D. Bonner ABE / Instructor
(Printed Name)

(13) Signature [Signature] (14) Shift/Card (15) Date 2-5-01 (16) Time 1500

(17) Approving Supervisor's Printed Name Sgt. Gerald Gough (18) Date 2-5-01
(1 of 2)

(19) Grading Official (Print) B. Thompson (20) Rank Major (21) Date 2-9-01

(22) Grade (Circle One) IR UP MI MA Justification to override Informal Resolution

Re Cruttsinger Billy TDCJ-ID# 1014350 has been issued a disciplinary case and is alleged to have violated TDCJ rule No. Level 2 Code 25.1 and is/is not being held in pre-hearing detention.

TO: Disciplinary Office

RESPONSE

- A. Does the inmate's current mental status preclude participation in the disciplinary process?
- B. Did the inmate's mental status contribute to the alleged offense?
- C. Does the inmate's mental status contra-indicate any particular forms of punishment?

YES

NO

YES

NO

YES

NO

If YES, specify:

Recommendations: (optional)

[Signature]
Unit psychologist/psychiatrist/physician

DO NOT FILE IN HEALTH RECORD

TRANSITION PLAN

Offender Name: Crutsinger, Billy County of Conviction: Tarrant
 TDCJ#: 1614350 Court/Cause#: _____
 Release Date/Time: 10-26-01 Up Front Direct ☒ Revocation Modification
 (Circle One)

2. Accomplishments:

| | YES | NO | N/A | Comments: |
|-------------|-------------------------------------|-------------------------------------|-----|-----------|
| GED | | <input checked="" type="checkbox"/> | | |
| Vocational | <input checked="" type="checkbox"/> | | | |
| Pre Release | | <input checked="" type="checkbox"/> | | |
| SAED | <input checked="" type="checkbox"/> | | | |
| MTC | | <input checked="" type="checkbox"/> | | |

3. Transition Needs:

Referrals Made:

| | |
|-------------------------------|----------|
| 1. <u>Chemical Dependency</u> | 1. _____ |
| 2. <u>Legal</u> | 2. _____ |
| 3. <u>Vocational</u> | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

Reviewed by: _____ Date: _____

Reporting Instructions: None in this Cause

5. Other Comments:

Forwarding Address:

_____ 157 PR 477
Hillsboro, Tx 76645 76654

6. Release Information:

| | Please Indicate Y, N, or N/A | |
|---|------------------------------|----------|
| Releasing To: <u>Seraldine Suggitt</u> | Medication Received | <u>Y</u> |
| Address: <u>157 PR 477</u> | Trust Fund Check Number | <u>S</u> |
| <u>Hillsboro, Tx 76645</u> | Check Received | <u>N</u> |
| Relationship: <u>Friend</u> | Bus Voucher Received | <u>N</u> |
| Phone#: <u>254-582-7439</u> | Personal Property Returned | <u>Y</u> |
| Car Make, Model, License, and Year | Social Security Card | <u>Y</u> |
| <u>2004 Ford 1993 42K255 Brown</u> | Driver's License | <u>Y</u> |
| Transportation Provided by: <u>Family</u> | ID Card | <u>N</u> |
| | Other | <u>N</u> |

Melody Overton
 Staff Member Signature

Billy Jack Crutsinger
 Releasee Signature

10-26-01
 Date

RELEASE INFORMATION

DATE: 10-26-01

INMATE 'S NAME: _____

Billy [unclear]

VEHICLE INFO:

MAKE: Ford

MODEL: Probe

YEAR: 1997

LICENSE: 422 112

COLOR: Black

NAME AND ADDRESS:

NAME: Gerrit [unclear]

157 Pr [unclear]

Antis [unclear]

PHONE #: 254-583-3800

RELATIONSHIP: Friend

OTHER: _____

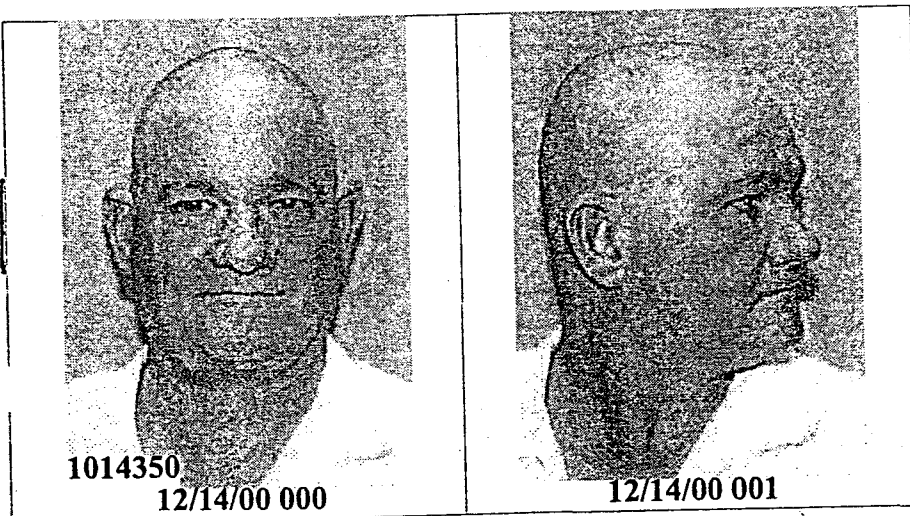
NAME CRUTSINGER, BILLY J BAPTIST
1014350JC 01978869
COUNTY TARRANT SENTENCE 12 MOS
OFFENSE RECK INJ TO ELDERLY BI(1)
SENT. BEGIN 10-28-00 DATE REC'D 12-14-00 REL DATE
DO 0-5-54 RACE W SEX M HT 5-11 WT 205
ACTIVITY TARRANT CO RESIDENCE HILLSBORO, TX
DPS # EMPLOYMENT SKILLS
EMERGENCY CONTACT GERALDINE SUGGITT(FRND)
254-582-2939

CRIMINAL HISTORY

Arrests Prob S.J.T.S.
Adult: Misd Arrests Prob Jails
Felony Arrests Prob Jails
PIA SAFF I.D. St Jail Other

SPECIAL PRECAUTIONS

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Wackenhut Corrections Corporation



ID Number: 1014350
Date: 12/14/00
Name: BILLY JACK CRUTSINGER

1C5-

 ** REQUESTOR: LNUNT04 - OVERTON, MELODY LINDSEY STATE JAIL FACILITY *

 *** S Y S M I N B A S K E T P R I N T *

MESSAGE ID: 317974 DATE: 10/18/01 TIME: 11:10am PRIORITY: 000

TO: LNUNT04 - OVERTON, MELODY
 INMATE RECORDS CLERK
 LINDSEY STATE JAIL FACILITY
 1137 OLD POST OAK ROAD
 JACKSBORO, TX 76458

FROM: MBO8317 - BOGAN, MARY
 CLERK III
 CLASSIFICATION AND RECORDS
 BOT WAREHOUSE
 P O BOX 99
 HUNTSVILLE, TX 77342-0099

SUBJECT: STATE JAIL RELEASE

PLEASE BE AWARE THAT THE SUBJECT CONFINEE, CRTSINGER, BILLY JACK,
 IDCJ-ID NO 1014350 HAS SERVED SUFFICIENT TIME TO BE RELEASE ELIGIBLE
 ON 10-26-01 RELATING TO HIS STATE JAIL SENTENCE FROM TARRANT COUNTY
 UNDER CAUSE NO. 0660308D

PLEASE MAKE APPROPRIATE ARRANGEMENTS FOR THE DIRECT RELEASE OF THE
 CONFINEE FROM YOUR FACILITY ON 10-26-01. IF THE CONFINEE IS ON A
 CONCURRENT PAROLE, HE SHOULD BE ADVISED TO IMMEDIATELY CONTACT HIS
 ASSIGNED PAROLE OFFICE FOR FURTHER INSTRUCTIONS RELATIVE TO PAROLE
 SUPERVISION. RELEASE FUND CHECKS ARE NOT APPROPRIATE TO THIS CASE.
 TRUST FUND CHECKS WILL BE FORWARDED TO YOUR FACILITY FOR DELIVERY TO
 THE CONFINEE PRIOR TO RELEASE. PLEASE *CODE THE CONFINEE OUT TO THE
 APPROPRIATE RELEASE CODE. YOUR UNIT FILES SHOULD BE FORWARDED TO THE
 CENTRAL RECORDS OFFICE MICROFILM DEPARTMENT.

AUTH: M. B. THALER
 JEREMY

Sent to: LNCLS20
 LNUNT04

BERRY, BILL
 OVERTON, MELODY
 DESK, DISCHARGE

(to)
 (to)
 (to)

5-

HQTFO01

NAME: CRUTSINGER, BILLY JACK

TDCNO: 01014350

| USING | DATE | UNT | ** HOUSING ** | **ASSIGNMENT** | INM | HSNG | JUSTI- | JOB | ASGN |
|----------|------|-----|---------------|----------------|-----|------|--------|--------------------------|------------------------|
| | | | | | CST | CST | FIED | | |
| | | | | | | | | *****JOB ASSIGNMENT***** | |
| 12/15/00 | LN | C2 | | 104 B | | TR | Y | 12/14/00 | JC UNASGN PENDING PROC |
| 12/14/00 | LN | C2 | | 117 T | | TR | Y | | |

END OF LIST
ENTER THE NEXT TRANS CODE 02 AND/OR TDCNO _____ AND/OR OPTION I
PF1-HELP AND/OR SIDNO _____

UNIT: LINDSEY SJ MTC: N (Y OR N)
TDCJ-ID NO: 01014350 REARREST DATE: 01 01 0001
J NUMBER: 01978869 TDCJ-ID RECV: 12 14 2000
ME: CRUTSINGER, BILLY JACK DIRECT SENTENCE: N
CAUSE/COUNT: 0660308D 01 COURT NUMBER: 213 SEQ. NO.: 001
COUNTY OF CONV: 220 TARRANT 213TH STATE DISTRICT COURT
OFFENSE DESC: RECK INJ TO ELDERLY BODILY INJ ARREST DATE: 05 07 1997
OFFENSE DATE: 05 07 1997 DEGREE: S SENT STAT: CTO: 01 01 0001
PLEA: G UP-FRONT SENT LENGTH (YYMD): (DAYS):
SENTENCE DATE: 12 01 2000 SJ SENT LENGTH (YYMD): 1 0 0 (DAYS):
PROBATION TYPE: D PR MOD: PROB SENT LENGTH (YYMD):
DAYS CREDITED: 00034 COMMENCE DATE: 12 01 2000 RESTIT: N
CONCUR/CONSEC: C SENTENCE BEGIN: 10 28 2000
OFFENSE CODE: 13990014 STATUTE CITATION: PC 022.040
OFFENSE COUNTY: 220 TARRANT DPS INCIDENT NO.:
JAIL GOOD TIME: Y REVOCATION TYPE: VS DATE REVK: 12 01 2000 NEW CHARGE:
** UFJ EXP: 01 01 0001 COMM SVC REQUIRED: 0 CALC DTE: 10 28 2000 **
**JAIL EXP: 10 27 2001 COMM SVC COMPLETED: 0 FLAT: 0 00 00 **
**PROB EXP: 01 01 0001 COMM SVC REMAINING: 0 **
ENTER OPTION: TDCJ-ID NUMBER: 01014350 OR SID NUMBER: PF1-HELP
RECORD HAS BEEN ADDED

WCC

JOHN R. LINDSEY STATE JAIL
1137 Old Post Oak Road
Jacksboro, Texas 76458
Telephone 940-567-2272
Fax 940-567-2292

CONFINEE DISCHARGE/EMERGENCY CONTACT PLAN

CONFINEE NAME Crutsinger Billy TDCJ # 1014350

CONTACT/DISCHARGE TO
RELATIONSHIP: FR

NAME: Geraldine Suggitt

TELEPHONE #: _____

ADDRESS: 157-PR-477

CITY: Hillsboro

COUNTY: Hill

STATE: TX ZIP: 76645

SIGNATURE: X Billy Jack Crutsinger DATE: 12-15-00

WITNESS: JA DATE: 12-15-00

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SUMMARY FOR CLASSIFICATION12/10/17
12/13/2000NAME: CRUISINGER, BILLY JACK
LOC#: 01014350 SIUF: 919/386Y
UNIT: LN HOUSING: C2-104B
JOB: JC UNASGN PENDING PROCESSDOB: 10/05/1954 P U L H E S
WGT: 209 LBS
HGT: 5'00" 121111111111
181A1A1A1A1A1
111111111111

DEC 18 2000

WM. Berry

I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION
☐ B. REGIONAL MEDICAL FACILITY
☐ C. EXTENDED CARE FACILITY
☐ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY
☐ F. SINGLE LEVEL FACILITY

SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? X YES NO
 SUITABLE FOR SAIP FACILITY? X YES NO

II. HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION
☐ 2. SINGLE CELL ONLY
☐ 3. DOUBLE CELL ONLY
☐ 4. SPECIAL HOUSING (HOUSING WITH
 PATIENT WITH LIKE MEDICAL CONDITION)
☐ 5. CELL BLOCK ONLY

B. BUNK ASSIGNMENT (CHECK ONE)

- ☐ 1. NO RESTRICTION
☐ 2. LOWER ONLY

C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION
☐ 2. GROUND FLOOR ONLY

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED
☐ 2. PSYCHIATRICAL UNASSIGNED
☐ 3. SEDENTARY WORK ONLY
☐ 4. FOUR HOUR WORK RESTRICTION
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION
☐ 6. EXCUSE FROM SCHOOL
☐ 7. LIMITED STANDING
☐ 8. NO WALKING > YARDS
☐ 9. NO LIFTING > LBS.
☐ 10. NO BENDING AT WAIST
☐ 11. NO SQUATTING
☐ 12. NO CLIMBING
☐ 13. LIMITED SITTING
☐ 14. NO REACHING OVER SHOULDER
☐ 15. NO FOOD SERVICE
☐ 16. NO REPETITIVE USE OF HANDS
☐ 17. NO WALKING ON WET UNEVEN SURFACES
☐ 18. NO OUT ASSIGN TO MEDICAL
☐ 19. NO WORK IN DIRECT SUNLIGHT
☐ 20. NO TEMPERATURE EXTREMES
☐ 21. NO HUMIDITY EXTREMES
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POLLUTANTS
☐ 23. NO WORK WITH CHEMICALS OR IRRITANTS
☐ 24. NO WORK REQUIRING SAFETY BOOTS
☐ 25. NO WORK AROUND MACHINES WITH MOVING PARTS
☐ 26. NO WORK EXPOSURE TO LOUD NOISES
☐ 27. NO WORK REQUIRING COMPLEX INSTRUCTIONS

IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS
☐ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☒ A. NO RESTRICTION
☐ B. MEDICAL REPRESENTATIVE REQUIRED
☐ C. PSYCH REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION
☐ B. EMS AMBULANCE
☐ C. WHEELCHAIR VAN
☐ D. VAN (SOUTHERN REGION ONLY)

COUNTS - GR NO 12/13/2000

PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

DIAGNOSTIC SCREENING RESULT FORM

FROM: Diagnostic

DATE:

TO: Sociology

SUBJECT:

TDCJ #

The Inmate Identified above has been evaluated through the Diagnostic Screening Process with the following results:

☒ No Special Needs Identified











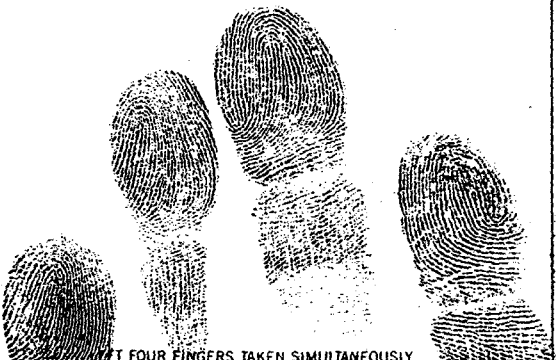


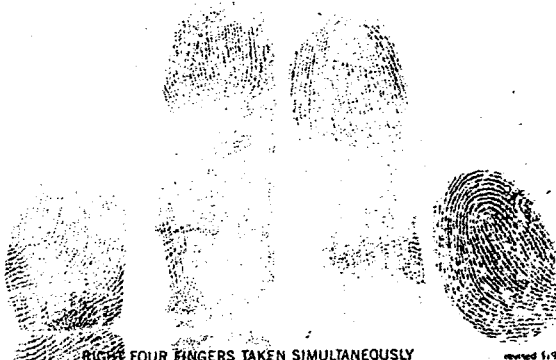
☐ Referral for Further Diagnostic Evaluation

Signature

R. Morrissey
R. Morrissey P.D.

Supervisor DI

Title

| | | | | |
|---|---|---|---|---|
| DATE OF ARREST 12-1-00 | TRN | DPS NO. (SID) 01978869 | FBI NO. | LEAVE BLANK |
| COMMITMENT NAME (LAST, FIRST, MIDDLE) CRUTSINGER, BILLY JACK | | TRUE NAME | | |
| DATE OF BIRTH 10-5-54 | PLACE OF BIRTH TX | SEX M | RACE W | ETH. |
| HGT. 5-11 | WGT. 205 | EYES HZL | HAIR BRO | SKINTONE RUD |
| SCARS, MARKS, TATTOOS & AMPUTATIONS NO MARKS | | CITIZENSHIP USA | | |
| COUNTY SENTENCED FROM TARRANT | | CUSTODY ORI TX236065C | | |
| SENTENCE EXPIRATION DATE 12-14-00 | | TDCJ-ID# 1014350JC | | |
| CHARGES RECK INJ TO ELDERLY BI (1) | | DISPOSITION 12 MOS | | |
| OTHER TRNS | | LAST RESIDENCE HILLSBORO, TX | | |
| INMATE'S SIGNATURE Billy Jack Crutsinger | | | | |
|  |  |  |  |  |
| 1. R. THUMB | 2. R. INDEX | 3. R. MIDDLE | 4. R. RING | 5. R. LITTLE |
|  |  |  |  |  |
| 6. L. THUMB | 7. L. INDEX | 8. L. MIDDLE | 9. L. RING | 10. L. LITTLE |
|  | |  |  |  |
| LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY |

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION
BUREAU OF RECORDS & IDENTIFICATION
HUNTSVILLE, TEXAS

TN _____

Alias _____

Name CRUTSINGER, BILLY JACKDate of Sentence 12-1-00County TARRANTCrime RECK INJ TO ELDERLY BI(1)Term 12 MOSLast Residence HILLSBORO, TXName of Employer SELF

Address _____

Read & Write YES No. Yrs. in School 11Occupation CONCRETE WORKNative (Country) TARRANT (State) TXMember of What Church BAPTISTEx. Service NOMarital Status MARRIED

In Case of Injury, Illness, or Death

Notify GERALDINE SUGGITT(FRND)157 PR 477HILLSBORO, TX 254-582-2939Place of Registration NOEx. Convict NONo. 1014350JC Race W Sex MDate Received 12-14-00Age 46/00 Date of Birth 10-5-54Eyes HZL Hair BRO Comp. RUDBuild LARGE Ht. 5-11 Wt. 205

Marks and Scars _____

NO MARKS

County Sentenced From _____

No. _____ Release From _____ Method of Release _____

Year Released _____ Ex. Convict other Prison or Reformatories _____

X BILLY JACK CRUTSINGER

UNIT CLASSIFICATION REVIEW FORM (PART B)

Inmate Name: _____

TDCJ#: _____

UC00

Page 1 (Screen 4)

Current Offense of Record

Since this screen is a summary of all the inmate's current offenses, "Yes" should be checked for each of the characteristics that apply to any of the inmate's current offenses. If a characteristic does not apply to any of the inmate's current offenses, "No" should be checked. For example, the inmate is currently incarcerated with three separate convictions -- rape, auto theft, and possession of heroin. Since rape is a violent offense, "VI" should be checked.

- | | | | |
|----|-----------------------------|------------------------|------------------------|
| 1. | Violent Offense | <u>VI</u> Violent "VI" | _____ Non-Violent "NV" |
| 2. | Offense Against Person | <u>X</u> Yes | _____ No |
| 3. | Injury Involved | <u>X</u> Yes | _____ No |
| 4. | Offense Involved Escape | _____ Yes | <u>X</u> No |
| 5. | Offense Originally Probated | _____ Yes | <u>X</u> No |
| 6. | Sex Related | _____ Yes | <u>X</u> No |
| 7. | Drug Related | _____ Yes | <u>X</u> No |
| 8. | Alcohol Related | _____ Yes | <u>X</u> No |
| 9. | Other | <u>X</u> Yes | _____ No |

Check if applicable: _____ "MV" Mandatory Supervision Violator

_____ "PV" Parole Violator

 Comments: B/E TO Elderly
 (Be Brief - limited to 60 keyed characters)

Types of information to be included: description of significant characteristics of aggravated offense, i.e., age, sex, relationship of victim; weapons used, description of injury. EXAMPLE: Raped 4 year old daughter.

CJA
 Correctional Counselor Signature

 LAST NAME Cruikshank
1014350 TDCJ-SJ#

Page 2 (Screen 5)

Prior Offense of Conviction

Since this screen is a summary of all the inmate's prior convictions, "Yes" should be checked for each of the characteristics that apply to any of the inmate's prior convictions. If a characteristic does not apply to any of the prior convictions "No" should be checked. For example, the inmate has three prior convictions, one of which was violent, violent offense should be checked.

- | | | | |
|-----|-------------------|------------------------|------------------------|
| 1. | Violent Offense | <u>VI</u> Violent "VI" | _____ Non-Violent "NV" |
| 2. | Against Person | <u>X</u> Yes | _____ No |
| 3. | Injury Involved | _____ Yes | <u>X</u> No |
| 4. | Escape Involved | _____ Yes | <u>X</u> No |
| 5. | Probated Offense | <u>X</u> Yes | _____ No |
| 6. | Sex Related | _____ Yes | _____ No |
| 7. | Drug Related | _____ Yes | _____ No |
| 8. | Alcohol Related | <u>X</u> Yes | _____ No |
| 9. | Other | <u>X</u> Yes | _____ No |
| 10. | DNA Required | _____ Yes | <u>X</u> No |
| 11. | DNA REQ NCIC CODE | _____ | |

Comments: TARRANT x2 clay x1
(Limited to 60 keyed characters)

Types of information to be included: number of incarcerations and name of institution.

LAST NAME Cruikshank

1014350 TDCJ-SJ#

Page 3 (Screen 7)

Current Institutional Adjustment Record

Please check the characteristic(s) that are appropriate. Characteristics that do not apply to the inmate in question, should be left blank.

| Characteristics | Code | Comments |
|--|------|-------------------------|
| 1. <input type="checkbox"/> Homosexual | OP | 1. _____ |
| 2. <input type="checkbox"/> Suicide Attempt | SU | 2. _____ |
| 3. <input type="checkbox"/> Assault Victim | AV | 3. _____ |
| 4. <input type="checkbox"/> Sexual Assault Victim | SV | 4. _____ |
| 5. <input type="checkbox"/> Detainer | DT | 5. _____ |
| 6. <input type="checkbox"/> Potential Sex Victim | OP | 6. _____ |
| 7. <input checked="" type="checkbox"/> Drug Abuser | OP | 7. <i>Marij</i> |
| 8. <input checked="" type="checkbox"/> Alcohol Abuser | OP | 8. <i>DUI on record</i> |
| 9. <input type="checkbox"/> Medical Problem | OP | 9. _____ |
| 10. <input type="checkbox"/> Psychological Problem | OP | 10. _____ |
| 11. <input type="checkbox"/> Intellectual Problem | OP | 11. _____ |
| 12. <input type="checkbox"/> Other | OP | 12. _____ |
| 13. <input type="checkbox"/> Escape from Adult Penal Institution w/in last 3 years | ES | 13. _____ |
| 14. <input type="checkbox"/> Other Escapes | OP | 14. _____ |
| 15. <input type="checkbox"/> Potential Victim | PV | 15. _____ |

LAST NAME

*Cruikshank**1014350*

TDCJ-SJ#

Page 4 (Screen 8)

Prior Institutional Record

OP - Other Prison

SA - Staff Assault

IA - Inmate Assault

IN - Injury

ES - Escape

EA - Attempted Escape

GA - Gang Activity

WP - Weapons Possession

DP - Drug Possession (Other Chemical)

AP - Alcohol Possession

SM - Sexual Misconduct

OP - Other

| DATE | | INSTITUTION | | | | | DESCRIPTORS | | | | | | | | | | COMMENTS | |
|------|--|-------------|-----|------|-----|-----|-------------|----|----|----|----|----|----|----|----|----|----------|--|
| | | OP | TDC | HOSP | JAL | JUV | SA | IA | IN | ES | EA | GA | UP | DP | AP | SM | OP | |
| 1 | | | | | | | | | | | | | | | | | | |
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| 10 | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | |
| 20 | | | | 1 | | | | | | | | | | | | | | |
| | | | | 4 | | | | | | | | | | | | | | |

TDCJ-SJ #

1014350

LAST NAME

C. Williams

CONSOLIDATED REPORT FORM

JAIL REPORT: Case 4:07-cv-00703-Y Document 87-4 Filed 11/03/17 Page 45 of 199 PageID 5187

EMPLOYMENT

| | | | | | | |
|----------------------|-----|--------------------------|----|--------------------------|---|--|
| CASE ON APPEAL: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | 1 | |
| VOLUNTARY SURRENDER: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | |
| FINANCIAL DETAINER: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | 2 | |
| IMPACT: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | |
| ADDITIONAL INFOR: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | 3 | |
| PIA INTERVIEW: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | |

Code: F GENERAL INFORMATION

OFFENDER CATEGORY:

Name: CRUTSINGER, BILLY J. (PN) TDCJ-ID#: 1014350
True Name: CRUTSINGER, BILLY J. (TN) Int. Date: 12/15/00
Alias: _____ Int. Time: 0700
Int. By: TA
D.O.B. 10/5/54 Age: 46 Race W Sex M Ht 5'11" Wt. 205 Hair BRO Eyes BLU
Segregative Class: IB E.A. Score _____ I.Q. Score _____ SSN: 465-98-0049
DPS# 01978869 FBI# 188617N5 Prior TDCJ-ID# _____

NO ☐ YES ☐ NO ☐ YES ☐
DATE: _____ DATE: _____ DL# 12927927

| | | | |
|----------|---|----------|----------------------------|
| IBM Code | 220 NATIVITY: <u>FT.WORTH, TARRANT CO, TX</u> | IBM Code | 01, MILITARY: <u>N/A</u> |
| | US CITIZENSHI <u>USA</u> | | MILITARY DISCHARGE CODE |
| | 109 RESIDENCE <u>HILLSBORO, HILL CO, TX</u> | | SCHOOL CODE |
| | M MARITAL: <u>MARRIED</u> | 11 | GRADE COMPLETED: <u>11</u> |
| | B01 RELIGION: <u>BAPTIST</u> | | |

PREVIOUS CRIMINAL SUMMARY

| COMMITMENTS | ESCAPES | COMMITMENTS | ESCAPES |
|---------------------------|---------|----------------------|---------|
| Adult Probation (State): | | TDCJ-ID: | |
| Juvenile Reformatories: | | Other Prisons: | |
| Adult Probation (Fed): | | State Farms: | |
| Juvenile Probations: | | Detention Hospitals: | |
| Juvenile Detention Homes: | | Military Brig: | |
| Suspended Sentences: | | Military Stackade: | |
| Jails: | | Military Guardhouse: | |
| City Farms: | | Military Prison: | |
| County Farms: | | County Boot Camp: | |
| | | N-Group Dtn. Center: | |
| | | SUB AB Fel Pun Fac: | |
| | | Other: | |

TOTAL ARRESTS: _____

PRESENT OFFENSE(S) DATA

Offense #1: Offense: RECKLESSLY CAUSING BOD/INJ ELDERLY
Cause #: 0660308D
Flat Time Only (yes/no) _____
Accomplices/Codefendants: _____
Projected Parole Eligibility Date: _____

OTHER PRESENT OFFENSE(S) DATA CONTINUED

Offense #2: Offense: N/A
Cause #: _____
Flat Time Only (yes / no): _____
Codefendants: _____

Offense #3: Offense: N/A
Cause #: _____
Flat Time Only (yes / no): _____
Codefendants: _____

Offense #4: Offense: N/A
Cause #: _____
Flat Time Only (yes / no): _____
Codefendants: _____

Offense #5: Offense: N/A
Cause #: _____
Flat Time Only (yes / no): _____
Codefendants: _____

Offense #6: Offense: N/A
Cause #: _____
Flat Time Only (yes / no): _____
Codefendants: _____

Offense #7: Offense: N/A
Cause #: _____
Flat Time Only (yes / no): _____
Codefendants: _____

Offense #8: Offense: N/A
Cause #: _____
Flat Time Only (yes / no): _____
Codefendants: _____

LAST NAME CRUTSINGER, BILLY J. TDCJ-ID# 1014350

DETAINER INFORMATION

Detainers (IBM Use Only): Texas _____ O/State _____ Federal _____ Immigration _____

Agency: _____ Type (Felony/Misd): _____ Date: _____

Address: _____ Telephone: _____

Reason/Offense: _____

Pending TDCJ-ID Commitments: _____

Possible Detainers: N/A

ACADEMIC EDUCATION HISTORY**A. GRAMMAR/SECONDARY SCHOOLS**

Highest Grade Completed: 11 School Name/Location: HALTOM H.S. HALTOM CITY, TX

Dates of Attendance: 1967-1970 Reason for Leaving: QUIT

Special Education Programs Attended: N/A

Other Languages Spoken: N/A

GED Completion Date: _____ Program Name/Location: _____

B. COLLEGE EDUCATION

Name/Location: N/A

Dates Attended: _____ Hours Completed: _____

Degree(s) Obtained: _____ Major: _____

Other Comments (Acad.Ed.): _____

VOCATIONAL EDUCATION HISTORY

Name/Location of Voc. Ed. Course(s) ATTENDED: N/A

Type/Dates: _____

Name/Location of Voc. Ed. Course(s) COMPLETED: _____

Type/Dates: N/A

Voc. Ed. Certificates Held: _____

Other Comments (Voc. Ed.): _____

LAST NAME: CRUTSINGER, BILLY J.TDCJ-ID # 1014350

EMPLOYMENT HISTORYLongest Period of Continuous Employment: 1985-2000 Job Title: ASPHALT CONST.Name and Address of Longest Continuous Employment: CONTRACTOR
HILLSBORO, TXPrimary Job Skill: ABOVE Length of Experience: _____Secondary Job Skill: N/A Length of Experience: _____Other Job Skills: N/AWithin the past 2 years were you employed full time continuously in on job for 6 months or longer? Yes ☒ No ☐If employed at time of present offense, give job title: ABOVE

Length of time on the job: _____

Name of Employer: _____

Address: _____

If unemployed at time present offense, give name and address of last employment:

Name of Employer/Dates: N/A

Address: _____

If unemployed at present offense, how long unemployed? N/A

Name of Employer/Dates: _____

Address: _____

If unemployed at present offense, how long unemployed? _____

Significant work experience during prior incarceration (type): _____

Union Affiliation/Memberships (Name/##/Location): N/A

Union License(s) Held (Dates): _____

MILITARY SERVICEDates of Service: N/A Branch of Service: _____ Service#: _____

Highest Rank: _____ Type of Discharge: _____ Court Martials: _____

Reason for Court Martial/Disposition: _____

Reason for Less Than Honorable Discharge: _____

Brigs, Stockades, Guardhouse: _____

"VICTIM IMPACT STATEMENT: RECEIVED: ☐ YES ☒ NO

Significant comments regarding "Victim Impact Statement": _____

LAST NAME CRUTSINGER, BILLY J. TDCJ-ID # 1014350

CRIMINAL HISTORY

DPS ARRESTS: N/A TOTAL ARRESTS: _____

WHAT HAVE YOU BEEN ARRESTED FOR: N/A

JUVENILE PROBATIONS HOMES: _____

JUVENILE PROBATIONS: _____

JUVENILE REFORMATORIES: _____

JAILS: _____

LAST NAME: CRUTSINGER, BILLY J. TDCJ-ID # 1014350

SUSPENDED SENTENCES:

ADULT PROBATIONS:

DETENTION HOSPITALS:

MILITARY (GUARDHOUSE, BRIG, STOCKADE):

MILITARY PRISONS:

LAST NAME: CRUTSINGER, BILLY J.

TDCJ-ID #: 1014350

OTHER PRISONS (INCLUDE PIA): _____

TDCJ-ID (INCLUDE PIA): _____

MISCELLANEOUS:

PROBATED OR SUSPENDED SENTENCES

| SENTENCE | COUNTY | YEAR | OFFENSE |
|----------|--------|------|---------|
|----------|--------|------|---------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

LIST OF INSTITUTIONS:

MANSFIELD SA CO 1995 90 DAYS COMPL

LAST NAME CRUTSINGER, BILLY J.

TDCJ-ID # 1014350

Yes ☐ No ☒

2. Has any member of your immediate family been in juvenile or adult penal institution?

Yes ☐ No ☒

3. Has anyone in your immediate family been hospitalized for treatment of alcoholism, narcotics addiction or mental disorders?

Yes ☒ No ☐

BRO - RALPH CRUTSINGER JR.

FA - RALPH CRUTSINGER

4. Have you ever attempted to kill yourself or mutilate yourself in any manner?

Yes ☐ No ☒

5. Are you expecting trouble from any member of the inmate populations?

Yes ☐ No ☒

6. Have you ever escaped from a jail, juvenile reformatory, or any other penal institution?

Yes ☐ No ☒

7. Have you ever been a member of any type of militant or subversive organization or group which advocates racial superiority and aggression towards other racial groups?

Yes ☐ No ☒

8. Have you ever participated in any type of ritualistic activity?

Yes ☐ No ☒

9.

Have you ever participated in any type of homosexual activity?

Yes ☐ No ☒

10.

While incarcerated (jail or prison), were you ever involved in any of the following kinds of incidents? If YES, indicate if racial attitudes were a motivating factor.

* Assaulted another inmate (physically or sexually)?

Yes ☐ No ☒

* Been assaulted by another inmate (physically or sexually)?

Yes ☐ No ☒

* Been involved in a fight?

Yes ☐ No ☒

* Been pressured for commissary or sexual favors?

Yes ☐ No ☒

* Been involved in a group disturbance between inmates of different races?

Yes ☐ No ☒

* Been found guilty of being in possession of a weapon (e.g., to protect yourself, to retaliate against another inmate, etc.)?

Yes ☐ No ☒

11. Have you ever requested placement in and/or been assigned to safekeeping, protective custody, or security detention during a prior incarceration?

Yes ☐ No ☒

LAST NAME

CRUTSINGER, BILLY J.

TDCJ-ID# 1014350

SUBSTANCE ABUSE HISTORY

ALCOHOL ABUSE HISTORY:

EXCESSIVE DRINKER? Yes ☒ No ☐

ADMITTED ALCOHOLIC? Yes ☒ No ☐

OTHER COMMENTS:

DRUG ABUSE HISTORY:

DRUGS USED: MARIJ

DRUGS ADDICTED TO: N/A

DRUGS SOLD: N/A

OTHER COMMENTS: N/A

LAST NAME: CRUTSINGER, BILLY J.

TDCJ-ID#

1014350

VI. PRIOR RESIDENTIAL HISTORY

FT.WORTH, TX

1954-2000 A/CSJO

VII. FAMILY HISTORY

SUB STS ALL G/PA DECEASED

FA RALPH E. CRUTSINGER/1913-1978/PILOT POINT, TX
MO LOUISE (HALL) CRUTSINGER/1923/A/U GARLAND, TX – UNK PHONE
SIS DARLENE (CRUTSINGER) GLENN, BOBBY/1941/A/U
BRO RALPH CRUTSINGER JR./1944/A/U SAGINAW, TX
SIS PATSY CRUTSINGER/1947-1998/FT.WORTH, TX
BRO RANDAL R. CRUTSINGER/1948-1999/FT.WORTH, TX
BRO JOHNNY L. CRUTSINGER/1953/A/U GARLAND, TX

VIII. MARITAL HISTORY

WIF LINDA (TUCKER) CRUTSINGER/1952/A/U PARKDALE, FT.WORTH, TX
MLI/MP/FT.WORTH, TARRANT CO, TX/D/U 1986

TA
md

27

The State of Texas

VS
BILLY JACK CRUTSINGER

Case No: 0660308D
COUNTY OF TARRANT
213th District Court

Judge Presiding: HON. ROBERT K. GILL

Date of
Judgement: 12/01/2000

Attorney for State: JIM HUDSON

Attorney for Defendant: STEVEN SWANDER

Offense Convicted of:
RECKLESSLY CAUSE BODILY INJURY TO ELDERLY

Date Offense Committed: 05/07/1997

Degree: STATE JAIL

Charging Instrument: N/A

Plea: N/A

Plea to Enhancement Paragraph(s):
NONE

Findings on Enhancement:
NONE

Findings on Use of Deadly Weapon: NONE

Date of Sentence: 12/01/2000

Costs: None

Place of Confinement & Place

Confinement: 12 MONTHS STATE JAIL DIVISION OF THE TEXAS DEPARTMENT
OF CRIMINAL JUSTICE AND A FINE OF \$0.00

Time Credited: 34 DAYS

Total Amount of
Restitution/Reparation: NONE

Concurrent Unless Otherwise Specified: NONE

Other: NONE

THOMAS A. WILDER
DISTRICT CLERK
TARRANT COUNTY, TEXAS
BY: *[Signature]*
DEPUTY

CASE NO. 0660308D

| | | |
|-----------------------|---|-----------------------|
| THE STATE OF TEXAS | § | IN THE 213TH DISTRICT |
| VS. | § | COURT OF |
| BILLY JACK CRUTSINGER | § | TARRANT COUNTY, TEXAS |

**UNADJUDICATED JUDGMENT ON PLEA OF GUILTY OR NOLO CONTENDERE AND
SUSPENDING IMPOSITION OF SENTENCE**

| | | | |
|---|---|--------------------------------|------------------|
| Judge Presiding | : HON. ROBERT K. GILL | Date of Judgment | : JULY 28, 1998 |
| Attorney for State District Attorney | : TIM CURRY | Assistant District Attorney | : DAVID HAGERMAN |
| Attorney for Defendant | : STEVEN SWANDER | Charging Instrument: | INDICTMENT |
| <u>Offense Date</u> | <u>Offense</u> | | |
| MAY 7, 1997 | RECKLESSLY CAUSE BODILY INJURY TO ELDERLY | | |
| <u>Degree</u> | <u>Count</u> | <u>Plea</u> | |
| STATE JAIL | ONE | GUILTY | |
| Findings on Deadly Weapon | : NONE | | |
| Plea to Enhancement Paragraph(s) | : NONE | | |
| Plea to Habitual Paragraph(s) | : NONE | | |
| Findings on Enhancement/ Habitual Paragraph(s) | : NONE | | |
| Punishment | : DEFERRED | Date to Commence | : JULY 28, 1998 |
| Probationary Term | : THREE (3) YEARS | | |
| Fine Not Suspended | : NONE | | |

On this day, set forth above, this cause came for trial and came the State of Texas, by its above-named attorney, and the Defendant appeared in person and by the above-named attorney for the Defendant, or, where a Defendant is not represented by counsel, that the Defendant knowingly, intelligently, and voluntarily waived the right to representation by counsel; and announced ready for trial, the Defendant having been heretofore arraigned, or having waived arraignment in open court, and having agreed that the testimony may be stipulated in this cause and the Defendant, his counsel, and the State's attorney having agreed in writing in open court to waive a jury in the trial of this cause and to submit this cause to the Court, and the Court having agreed to the same, the said attorney for the State read the instrument charging the offense as shown or the reading of the charging instrument having been waived by Defendant, the Defendant entered his pleas as shown above thereto, and it appearing to the Court that the Defendant is mentally competent and the plea is free and voluntary, and the Court having duly admonished the Defendant as to the consequences of such plea, including the range of punishment attached to the offense and the fact that any recommendation of the prosecuting attorney as to punishment is not binding on the Court, and the Defendant further having affirmatively stated awareness of the consequences of such plea and acknowledged to not having been misled or harmed by the admonishment of the Court, yet the Defendant persisted in entering such plea, said plea is by the Court received and now entered of record upon the minutes of the Court as the plea herein of said Defendant. The Court after receiving the plea shown and hearing the evidence, finds that it substantiates the Defendant's guilt and that further proceedings should be deferred without entering an adjudication of guilt and that Defendant should be placed on probation on reasonable terms and conditions as the Court may require.

The State of Texas do have and recover of the said Defendant all costs in this prosecution expended including any fine shown above for which let execution issue. And it is further ORDERED by the Court that the imposition of sentence of the judgment of conviction herein shall be suspended during the good behavior of the Defendant and that the Defendant be placed on probation during the period of time, fixed by the Court, under the conditions to be determined by the Court, as provided by law. However, when it is shown above that a fine applicable to the offense committed has been imposed by the Court and not suspended, then it is ORDERED that Defendant pay such fine and all costs in this prosecution expended and that Defendant be placed on probation during the period of time fixed by the Court, under the conditions to be determined by the Court, as provided by law.

IT IS THEREFORE CONSIDERED by the Court that the evidence substantiates the Defendant's guilt and that further proceedings should be Deferred without entering an adjudication of guilt, and that Defendant be placed on probation during the period of time prescribed by the Court on such reasonable terms and conditions as the Court may require in accordance with law.

ORDER SETTING CONDITIONS OF COMMUNITY SUPERVISION



CASE NO. 0660308D

| | | |
|-----------------------|---|-----------------------|
| THE STATE OF TEXAS | § | IN THE 213TH DISTRICT |
| VS. | § | COURT OF |
| BILLY JACK CRUTSINGER | § | TARRANT COUNTY, TEXAS |

JUDGMENT ADJUDICATING GUILT

| | | | |
|--|---|-----------------------------|--------------------|
| Judge Presiding | : HON. ROBERT K. GILL | Date of Judgment | : DECEMBER 1, 2000 |
| Attorney for State District Attorney | : TIM CURRY | Assistant District Attorney | : JIM HUDSON |
| Attorney for Defendant | : STEVEN SWANDER | | |
| <u>Offense Date</u> | <u>Convicted Offense</u> | <u>Degree</u> | |
| MAY 7, 1997 | RECKLESSLY CAUSE BODILY INJURY TO ELDERLY | STATE JAIL | |
| Findings on Deadly Weapon | : NONE | | |
| Plea to Enhancement Paragraph(s) | : NONE | | |
| Plea to Habitual Paragraph(s) | : NONE | | |
| Findings on Enhancement/Habitual Paragraph(s) | : NONE | | |
| Date of Probation Order | : JULY 28, 1998 | | |
| Paragraph Violated and Grounds for Revocation | : PARAGRAPH ONE: DEFENDANT FAILED TO AVOID INJURIOUS OR VICIOUS HABITS, IN THAT DEFENDANT FAILED TO COMPLETE SUBSTANCE ABUSE ASSESSMENT THROUGH THE TREATMENT ALTERNATIVES TO INCARCERATION PROGRAM (TAIP). | | |
| As set out in State's Petition to Adjudicate Guilt | | | |
| Date Sentence Imposed | : DECEMBER 1, 2000 | Date to Commence | : DECEMBER 1, 2000 |
| Punishment | : COUNT ONE - TWELVE (12) MONTHS | | |
| Place of Confinement | : STATE JAIL DIVISION OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE | | |
| Time Credited | : 34 DAYS | Court Costs | : NONE |
| Reparation | : NONE | Restitution | : NONE |

On this day, set forth above, this cause again came on for trial. The Court had previously received Defendant's plea of guilty or plea of nolo contendere, heard the evidence, found that it substantiated the Defendant's guilt, deferred further proceedings without entering an adjudication of guilt, and placed the Defendant on probation as shown above. Came the State of Texas, by its above-named attorney, and the above-named attorney for the Defendant, or, where a Defendant is not represented by counsel, that the Defendant knowingly, intelligently, and voluntarily waived the right to representation by counsel, and announced ready for hearing after the Defendant was arrested upon warrant of the Court for violation of the conditions of probation set by the Court, and the Defendant having been served a copy of the State's Petition to Adjudicate, or after motion for final adjudication filed by Defendant within 30 days after entering such plea and the deferment of prosecution as shown above. And the Court having heard evidence limited to whether the Court should proceed to an adjudication of guilt under the original charge and having determined that the Court should proceed to such determination of guilt, finds that the Defendant is guilty of the offense named above as set forth in the original charge and as confessed or noncontested by said Defendant.

IT IS THEREFORE CONSIDERED by the Court that the Defendant is adjudged to be guilty of the offense as found by the Court and set forth above and that Defendant committed the offense on the date charged as shown in the order of the Court deferring the adjudication of guilt in this cause.

IT IS THEREFORE CONSIDERED AND ORDERED by the Court, in the presence of said Defendant, that the said judgment be, and the same is hereby in all things approved and confirmed, and the Defendant, who has been adjudged guilty of the

A CERTIFIED COPY
 ATTEST: 12/6/2000
 THOMAS A. WILDER
 DISTRICT CLERK
 TARRANT COUNTY, TEXAS

VOLUME 80 PAGE 246A OF CASE NO. 0660308D

TRANS NO. 6



☐ ADJUDICATED

CONDITIONS OF COMMUNITY SUPERVISION
THOMAS A. WILDER, DIST. CLERK
TARRANT COUNTY, TEXAS

☒ DEFERRED ADJUDICATION
IN 213 DISTRICT

THE STATE OF TEXAS

VS. NO. 0660308D

JUL 28 1998

COURT NO. _____ OF

Billy Jack Crutsinger

Time 9:05

TARRANT COUNTY, TEXAS

In accordance with the authority conferred by the Community Supervision Law of the State of Texas, you have been placed on Community Supervision as an alternative to incarceration on this 28 day of July, 1998, for the period of 3 years, having been sentenced for years, for the offense of LAUNCHING TOXICALLY RECKLESSLY by the Honorable ROBERT GILL, Judge/Magistrate in Criminal District Court No. 213, Tarrant County, Texas.

IT IS THE ORDER OF THE COURT THAT YOU SHALL COMPLY WITH THE FOLLOWING TERMS AND CONDITIONS OF COMMUNITY SUPERVISION:

- Commit no offense against the laws of this State or of any other State or of the United States.
- Avoid injurious or vicious habits and abstain from the illegal use of controlled substances, marijuana, cannabinoids or excessive consumption of alcoholic beverages. Submit to an assessment for substance abuse. Attend and complete out-patient treatment at the direction of the Supervision Officer. ALCOHOL COUNSELING
- Avoid persons and places of disreputable or harmful character.
- Report to the Community Supervision and Corrections Department of Tarrant County, Texas, immediately following this hearing, and no less than monthly thereafter, or as scheduled by the Court and/or Supervision Officer and obey all rules and regulations of the Department.
- Permit the Supervision Officer to visit you at your home or elsewhere at any time.
- Work faithfully at suitable employment as far as possible, furnish proof of employment to your Supervision Officer and, if unemployed, participate in the Community Supervision and Corrections Department's Jobs, Education and Training Skills (JETS) program, unless waived by the Court.
- Remain within Tarrant County, Texas, unless the Court or Supervision Officer authorizes you to leave.
- Support your dependents.
- Notify the Supervision Officer of Tarrant County, Texas, if your address or employment is changed within five days from the date of change.
- Possess no firearms away from your residence OR OWN
- Supervision is conditioned on your agreement to execute a pre-signed waiver of extradition.
- Pay to and through the Community Supervision and Corrections Department of Tarrant County, Texas, the following:

- COURT COSTS in the amount of \$ 176.50, at the rate of \$ 10.00 per month.
- SUPERVISION FEE in the amount of \$ 40.00, each month during the period of supervision.
- RESTITUTION in the amount of \$ _____, at the rate of \$ _____ per month.
- FINE in the amount of \$ _____, at the rate of \$ _____ per month.
- ATTORNEY FEES in the amount of \$ _____, at the rate of \$ _____ per month.
- CRIME STOPPERS FEE in the amount of \$ 50.00 to be paid within 30 days from the date shown above.
- CRIME VICTIMS COMPENSATION ACT PAYMENT in the amount of \$ 45.00, at the rate of \$ 5.00 per month.
- ~~TIME PAYMENT FEE in the amount of \$25.00 to be paid within 60 days from the date shown above.~~
- _____ in the amount of \$ _____, at the rate of \$ _____ per month.

The first payments on the above to be made on the 15th of August, 1998, and like payments on the 15th day of each month thereafter until full payments are made. (Unless otherwise specified).

Conditions of Community Supervision

Page 2

- m. If supervision is transferred to another jurisdiction, continue to report to Tarrant County in the manner prescribed by the Supervision Officer, and comply with the rules and regulations of the receiving jurisdiction. Pay fees to Tarrant County unless waived by the Court.
- n. ☒ Complete 120 hours of Community Service Restitution at the rate of no less than 10 hours per month as scheduled by the Supervision Officer or Court, to be completed at an agency approved by the District Judges of Tarrant County.
- o. ☒ Submit to urine testing for controlled substances and cannabinoids at the direction of the Supervision Officer and pay for urine testing as required.
- p. ☒ Complete education programs as directed by the Supervision Officer.
- q. ☐ Observe a curfew as directed by the Supervision Officer or the Court.
- r. ☐ Do not contact _____.
- s. ☐ Supplement(s) / Amendment(s) as attached. ☐ Submit your person, place of residence, or any vehicle under your control, to search, at any time, day or night, upon request of any peace officer, with or without a warrant.

You are advised that under the laws of this State, the Court has determined and imposed the above terms and conditions of your Community Supervision, and may at any time during the period of Community Supervision alter or modify them. The Court also has the authority, at any time during the period of Community Supervision, to Revoke your Community Supervision for any violation of the conditions of your Community Supervision set out above.

[Signature]
Judge / Magistrate

This day, a copy of the conditions of Community Supervision was handed to me by the Clerk of this Court.

[Signature]
Witness: Supervision Officer

[Signature]
Probationer

[Signature]
Witness: District Clerk



DC-108-CR GP1701 REV. 01-98

Billy Jack Crossin

IN 213 DISTRICT
COURT NO. 5
TARRANT COUNTY, TEXAS
DEPUTY

SUPPLEMENT/AMENDMENT TO CONDITIONS OF COMMUNITY SUPERVISION

The defendant is ordered to participate fully in and comply with the rules and requirements of the Community Supervision and Corrections Department's program(s) indicated below, pay all fees required, and continue to participate and comply until released by the Court:

1. Submit to Electronic Monitoring/Home Confinement for a period of _____ days to begin upon completion of equipment installation.
☐ Breath Alcohol Testing ☐ Visitel
☐ Continuous Radio Frequency Monitoring ☐ Intruder Detection
2. Submit to testing for Controlled Substances/Cannabinoids, Alcohol as directed by the Supervision Officer or the Court.
3. Submit to screening, assessment, evaluation and/or testing for _____ as directed by the Supervision Officer or Court.
4. Attend and complete education, counseling and/or treatment for the following as directed by the Supervision Officer or Court:

Angela Control Counseling

FILED
THOMAS A. WILDER, DIST. CLERK
TARRANT COUNTY, TEXAS

JUL 28 1998

5. Attend and complete Education Programs as directed by the Supervision Officer.
6. Attend and complete the state certified Texas Drug Offender Education Program. Time 9:05
By U7 Deputy
7. Attend and complete the state certified Texas DWI Repeat Offender Program.
8. Do not operate any vehicle without an Ignition Interlock Device. Do not tamper with, attempt to bypass or allow any other person to activate the device.
9. Enter, reside and remain at the Restitution Center until released by the Court.
10. Enter, reside and remain at the Court Residential Center until released by the Court.
11. Enter, reside and remain at the Substance Abuse Treatment Facility until released by the Court.
12. Enter, reside and remain at the Shock Incarceration Facility (Boot Camp) until released by the Court.
13. Comply with the rules of Surveillance Probation.
14. Attend Victim-Defendant Mediation.
15. Confinement in the Tarrant County Jail, _____ days, beginning _____.
16. Confinement in a state jail facility for _____ days, to begin no later than 10 days from the date of this order.
17. Extension of Community Supervision Period of _____, beginning _____.
18. Abstain from the use of alcohol.
19. Observe a curfew as directed by the Supervision Officer or the Court.
20. Do not contact _____ in any manner.
21. _____

Robert H. Hill
Judge / Magistrate

This day, a copy of the above Supplement/Amendment to Conditions of Community Supervision was handed to me by the Clerk of this Court/Supervision Officer.

Witness: Supervision Officer

Witness: Court Clerk

Witness: Probationer

VOL. 68 PAGE 392 A

The State of Texas

vs.

LY JACK CRUTSINGER

Case No: 0660308D

COUNTY OF TARRANT

213th District Court

Judge Presiding: HON. ROBERT K. GILL

Date of

Judgement: 12/01/2000

Attorney for State: JIM HUDSON

Attorney for Defendant: STEVEN SWANDER

Offense Convicted of:

RECKLESSLY CAUSE BODILY INJURY TO ELDERLY

Date Offense Committed: 05/07/1997

Degree: STATE JAIL

Charging Instrument: N/A

Plea: N/A

Plea to Enhancement Paragraph(s):

NONE

Findings on Enhancement:

NONE

Findings on Use of Deadly Weapon: NONE

Date of Sentence: 12/01/2000

Costs: None

Place of Confinement & Place

Confinement: 12 MONTHS STATE JAIL DIVISION OF THE TEXAS DEPARTMENT
OF CRIMINAL JUSTICE AND A FINE OF \$0.00

Time Credited: 34 DAYS

Total Amount of

Restitution/Reparation: NONE

Concurrent Unless Otherwise Specified: NONE

Other: NONE

THOMAS A. WILDER COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT

DISTRICT CLERK

200 West Belknap, Fort Worth, Texas 76196-0255

TARRANT COUNTY, TEXAS Telephone: (817) 884-2450

Office Hours: 7:30 a.m. to 5:30 p.m. Monday - Friday

S J.F

ADJUDICATED

CONDITIONS OF COMMUNITY SUPERVISION

THOMAS A. WILDER, DIST. CLERK

TARRANT COUNTY, TEXAS

DEFERRED ADJUDICATION

THE STATE OF TEXAS

IN 213 DISTRICTVS. NO. 0660308D

JUL 28 1998

COURT NO. _____ OF

BILLY JACK CRUTSINGER

Time

9:05

TARRANT COUNTY, TEXAS

In accordance with the authority conferred by the Community Supervision Law of the State of Texas, you have been placed on Community Supervision as an alternative to incarceration on this 28 day of July, 19 98, for the period of 3 years, having been sentenced for years, for the offense of INJURY TO ELDERLY RECKLESSLY by the Honorable ROBERT GILL Judge/Magistrate in Criminal District Court No. 213, Tarrant County, Texas.

IT IS THE ORDER OF THE COURT THAT YOU SHALL COMPLY WITH THE FOLLOWING TERMS AND CONDITIONS OF COMMUNITY SUPERVISION:

1. Commit no offense against the laws of this State or of any other State or of the United States.
2. Avoid injurious or vicious habits and abstain from the illegal use of controlled substances, marijuana, cannabinoids or excessive consumption of alcoholic beverages. Submit to an assessment for substance abuse. Attend and complete out-patient treatment at the direction of the Supervision Officer. ALCOHOL COUNSELING
3. Avoid persons and places of disreputable or harmful character.
4. Report to the Community Supervision and Corrections Department of Tarrant County, Texas, immediately following this hearing, and no less than monthly thereafter, or as scheduled by the Court and/or Supervision Officer and obey all rules and regulations of the Department.
5. Permit the Supervision Officer to visit you at your home or elsewhere at any time.
6. Work faithfully at suitable employment as far as possible, furnish proof of employment to your Supervision Officer. If unemployed, participate in the Community Supervision and Corrections Department's Jobs, Education and Training Skills (JETS) program, unless waived by the Court.
7. Remain within Tarrant County, Texas, unless the Court or Supervision Officer authorizes you to leave.
8. Support your dependents.

Notify the Supervision Officer of Tarrant County, Texas, if your address or employment is changed within five days

ID#(0001683)
 (JUE NAME= CRUTSINGER, BILLY JACK
 ENT AGENCY= 00
 RACE= W SEX= M
 BIRTHDATE= 10-05-54
 BOOK-IN BOOK-OUT FLR ARREST
 NO OFFENSE----- AGCY DATE TIME DATE TIME TNK DATE
 1662 UNLAW CARRY WPN 03-28-77,1032 03-28-77,1100
 RELEASE AUTHORITY:REL \$250.00 BOND/SIMPSON CASE:0116254
 REMARKS:-----
 047728 UNLAW CARRY WPN 04-28-78,1622 04-28-78,1635 04-28-78B
 RELEASE AUTHORITY:F/C/PD/TENERY CASE:9999999
 REMARKS:-----
 086976 BURGLARY 05-12-80,1139 05-12-80,1430 05-09-80C
 RELEASE AUTHORITY:\$3000.BOND/SIMPSON CASE:0156139
 REMARKS:-----
 415265 NO OPER LIC----- 12 12-12-87,1943 12-12-87,2324 26R 12-12-87B
 RELEASE AUTHORITY:CTS/ROSS CASE:9999999
 REMARKS:121287/106.50/CAPIAS/FWPD-----
 415267 NO INS----- 12 12-12-87,1947 12-12-87,2324 26R 12-12-87B
 RELEASE AUTHORITY:CTS/ROSS CASE:9999999
 REMARKS:121287/144.00/CAPIAS/FWPD-----
 062709 DWI 12 03-21-91,2157 04-08-91,0600 25J 03-21-91B
 RELEASE AUTHORITY:TIME SERVED CASE:0436667
 REMARKS:032791/045 DAYS JAIL/\$462.50 F&CC-----
 711 DRIVING W/ LICENSE SUSPD 12 03-21-91,2200 04-08-91,0615 25J 03-21-91B
 RELEASE AUTHORITY:TIME SERVED CASE:0436664
 REMARKS:032791/045 DAYS JAIL/\$100 FINE-----
 062712 SPEEDING----- 12 03-21-91,2206 03-25-91,1350 33A 03-21-91B
 RELEASE AUTHORITY:CTS/LT CCH CASE:9999999
 REMARKS:032191/84.50 BOND-----
 062713 SPEEDING----- 12 03-21-91,2208 03-25-91,1350 33A 03-21-91B
 RELEASE AUTHORITY:CTS/LT CCH CASE:9999999
 REMARKS:032191/108.50 BOND-----
 037215 ASSAULT 88 02-07-93,1029 02-07-93,1029 NDK 02-06-93C
 RELEASE AUTHORITY:NDK BOOKING CASE:0503176
 REMARKS:-----
 042064 DRIVING W/ LICENSE SUSPD 12 03-01-93,0201 03-01-93,0503 000 02-28-93C
 RELEASE AUTHORITY:750 BD/CORNISH, LG JR CASE:0503420
 REMARKS:-----
 02298 FOLLOW TO CLOSE 12 01-04-97,2036 01-05-97,1304 000 01-04-97B
 RELEASE AUTHORITY:CTS/RIDDELL CASE:9999999
 REMARKS:-----
 02299 SPD 12 01-04-97,2041 01-05-97,1304 000 01-04-97C
 RELEASE AUTHORITY:TTP/RIDDELL CASE:9999999
 REMARKS:-----
 02295 DWI 00 01-04-97,2137 01-05-97,1416 54A 01-04-97B
 RELEASE AUTHORITY:337. FN PD/MOORE CASE:9999779
 REMARKS:-----

ID= (0001683)

NAME= CRUISINGER, BILLY JACK

RACE= W SEX= M

BIRTHDATE= 10-05-34

NT AGENCY= 00

BOOK-IN

BOOK-OUT

FLR

ARREST

| NO | OFFENSE | AGCY | DATE | TIME | DATE | TIME | TNK | DATE |
|-----|-------------------------|------|------|----------|------|----------|------|---------------|
| 295 | INJURY ELDERLY-OMISS-BI | | 12 | 06-19-97 | 1506 | 06-19-97 | 2308 | 000 06-19-97B |

RELEASE AUTHORITY: 2500 BOND/WALTON, BOB

CASE: 0660300

REMARKS:

| | | | | | | | | |
|--------|------------------------|--|----|----------|------|----------|------|---------------|
| 177783 | INJ TO DISABLED BI FAM | | 88 | 08-05-97 | 1310 | 08-05-97 | 1310 | NBK 08-05-97B |
|--------|------------------------|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: NBK BOOKING

CASE: 9999999

REMARKS:

| | | | | | | | | |
|--------|-------------------------|--|----|----------|------|----------|------|---------------|
| 164673 | CRIMINAL TRESPASS-ENTRY | | 12 | 01-28-98 | 2241 | 01-21-98 | 2159 | 16D 01-28-98B |
|--------|-------------------------|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: 1000 BOND/ORVILLE PERSON

CASE: 0682085

REMARKS:

| | | | | | | | | |
|--------|---------|--|----|----------|------|----------|------|---------------|
| 164675 | ST BELT | | 12 | 01-29-98 | 2249 | 01-29-98 | 1323 | 000 01-28-98B |
|--------|---------|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: TTP/RODGERS

CASE: 9999999

REMARKS:

| | | | | | | | | |
|--------|-----|--|----|----------|------|----------|------|---------------|
| 164677 | MVR | | 12 | 01-28-98 | 2250 | 01-29-98 | 1323 | 000 01-28-98B |
|--------|-----|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: TTP/RODGERS

CASE: 9999999

REMARKS:

| | | | | | | | | |
|--------|------|--|----|----------|------|----------|------|---------------|
| 164680 | SPDG | | 12 | 01-28-98 | 2252 | 01-29-98 | 1323 | 000 01-28-98B |
|--------|------|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: CTS/RODGERS

CASE: 9999999

REMARKS:

| | | | | | | | | |
|--------|------------------|--|----|----------|------|----------|------|---------------|
| 164682 | FAIL TO CONT SPD | | 12 | 01-28-98 | 2253 | 01-29-98 | 1323 | 000 01-28-98B |
|--------|------------------|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: CTS/RODGERS

CASE: 9999999

REMARKS:

| | | | | | | | | |
|--------|------|--|----|----------|------|----------|------|---------------|
| 164684 | PMFR | | 12 | 01-28-98 | 2254 | 01-29-98 | 1323 | 000 01-28-98B |
|--------|------|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: TTP/RODGERS

CASE: 9999999

REMARKS:

| | | | | | | | | |
|--------|------|--|----|----------|------|----------|------|---------------|
| 164685 | PMFR | | 12 | 01-28-98 | 2255 | 01-29-98 | 1323 | 000 01-28-98B |
|--------|------|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: TTP/RODGERS

CASE: 9999999

REMARKS:

| | | | | | | | | |
|--------|-----|--|----|----------|------|----------|------|---------------|
| 164686 | MVR | | 12 | 01-28-98 | 2256 | 01-29-98 | 1323 | 000 01-28-98B |
|--------|-----|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: TTP/RODGERS

CASE: 9999999

REMARKS:

| | | | | | | | | |
|-------|-----|--|----|----------|------|----------|------|---------------|
| 79614 | MVR | | 12 | 11-16-99 | 1641 | 11-17-99 | 1132 | 000 11-16-99B |
|-------|-----|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: CTS/RYMELL

CASE: 9999999

REMARKS:

| | | | | | | | | |
|-------|------|--|----|----------|------|----------|------|---------------|
| 79615 | PMFR | | 12 | 11-16-99 | 1646 | 11-21-99 | 1425 | 000 11-16-99B |
|-------|------|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: 375 FINE PD/E. WALTER

CASE: 9999999

REMARKS:

| | | | | | | | | |
|-------|--------------|--|----|----------|------|----------|------|---------------|
| 79616 | EXP OPER LIC | | 12 | 11-16-99 | 1649 | 11-17-99 | 1132 | 000 11-16-99B |
|-------|--------------|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: CTS/RYMELL

CASE: 9999999

REMARKS:

| | | | | | | | | |
|-------|------|--|----|----------|------|----------|------|---------------|
| 79617 | PMFR | | 12 | 11-16-99 | 1651 | 11-21-99 | 1425 | 000 11-16-99B |
|-------|------|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: 352 FINE PD/E. WALTER

CASE: 9999999

REMARKS:

ID=(0001683)

RUE NAME= CRUISINGER, BILLY JACK

RACE= W SEX= M

BIRTHDATE= 10-05-54

ENT AGENCY= 00

BOOK-IN

BOOK-OUT

FLR

ARREST

| NO | OFFENSE | AGCY | DATE | TIME | DATE | TIME | INR | DATE |
|-----|---------|------|------|----------|------|----------|------|---------------|
| 619 | SPD | | 12 | 11-16-99 | 1653 | 11-24-99 | 1641 | 000 11-16-99B |

RELEASE AUTHORITY: TIME SERVED/ADJ

CASE: 99999999

REMARKS:

| | | | | | | | | |
|--------|-------------|--|----|----------|------|----------|------|---------------|
| 779621 | NO SEAT BLT | | 12 | 11-16-99 | 1654 | 11-19-99 | 1041 | 000 11-16-99B |
|--------|-------------|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: TIME SERVED/ROSIE ARENAS

CASE: 99999999

REMARKS:

| | | | | | | | | |
|--------|-----|--|----|----------|------|----------|------|---------------|
| 779622 | MVR | | 12 | 11-16-99 | 1656 | 11-19-99 | 1041 | 000 11-16-99B |
|--------|-----|--|----|----------|------|----------|------|---------------|

RELEASE AUTHORITY: TIME SERVED/ROSIE ARENAS

CASE: 99999999

REMARKS:

| | | | | | | | | |
|--------|-------------------------|----|----------|------|----------|------|-----|-----------|
| 795680 | INJURY ELDERLY-RECKL-BI | 00 | 12-22-99 | 1325 | 12-28-99 | 1827 | 000 | 06-19-97C |
|--------|-------------------------|----|----------|------|----------|------|-----|-----------|

RELEASE AUTHORITY: 2500 BOND/ORVILLE PERSON

CASE: 0660308

REMARKS:

| | | | | | | | | |
|--------|-------------------------|----|----------|------|--|--|-----|-----------|
| 957324 | INJURY ELDERLY-RECKL-BI | 00 | 11-11-00 | 1327 | | | 000 | 06-19-97C |
|--------|-------------------------|----|----------|------|--|--|-----|-----------|

RELEASE AUTHORITY:

CASE: 0660308

REMARKS:

| | | |
|--------------|----------------|--------------------|
| TX01978869 | Tarrant County | 0001683 |
| (CITD/DPS #) | (COUNTY) | (CO. INMATE/SPN #) |

DEFENDANT NAME (Last, First, Middle)
 TSINGER, BILLY JACK
 Sentence Date: 12/01/2000

D213
 (COURT)
 Date of Confinement: 11/11/2000

CAUSE(S):C0660308

Items 1-6 are required for all inmates; item 7 and 8 are required if prepared; and items 9-11 are required if applicable.

CHECK

1. Criminal History Information (submit TCIC/NCIC III or DPS or FBI reports, and the Jail Conduct Report, if available). ☒
2. Standardized Felony Judgement Form (with penal code citation and subsection). ☒
3. A written report that states the nature, seriousness of each offense, and that states the citation to the provision or provisions of the Penal Code or other law under which the defendant was convicted (may submit the Offense Report or Statement of Facts Form). ☐
4. Arrest Records for each offense (may submit the Offense Report or Statement of Facts Form). ☐
5. A copy of the Pre-Sentence Investigation Report (Prepared under Section 9, Article 42.12, Code of Criminal Procedures). ☒
6. A copy of the Indictment or Information for each offense. ☐
7. A copy of any Probation Revocation Report, Psychological or Psychiatric Evaluation of the defendant, and available social or psychological background information relating to the defendant and may deliver to the director any additional information upon which the judge or jury bases the punishment decision. ☐
8. Victim Impact Statement. ☐
9. Order Revoking Probation.
 - a. Copy of Judgement Probation Granted. ☐
 - b. Copy of Conditions of Probation/Order Deferred Adj. ☐
 - c. Copy of Motion to Revoke Probation. ☐
10. Change in Venue Statement. ☐
11. Sex Offender Pre-registration Form ☐

I CERTIFY THAT ALL DOCUMENTS CHECKED ABOVE ARE ATTACHED:

Deborah-Moss
 Signature of Person Completing
 the Document Checklist

12/08/00
 Date of Completion/Date
 Paper Ready

C E R T I F I C A T E O F P R O C E E D I N G S

0660308 SEQ: 05

DATE: 12/01/00 CID: 0001686

IN JAIL

CURT: D213

TRANSFER:

DOCKET: 0660308P

WARRANT:

DEFENDANT: CRUTSINGER, BILLY JACK
COURT: CRUTSINGER, BILLY JACK

CHRG: 170
COUNTY:

CHARGE OFFENSE: 380274 INJURY ELDERLY-RECKL-BI
DISPOSITION OFFN: 380274 INJURY ELDERLY-RECKL-BI

DATE: 05/07/97 LSK INC:
WRIT:

AND STAT: BENI

PLEA

AMOUNT

TYPE: SURE

SATISFIED: N

PROB (MOS):

FINE

CT COST:

MISC

TOTAL

DUE

PAID

BONDSMAN: PB19 PERSON, ORVILLE

REASON: STATE JAIL FELONY-REVOKED 12/01/00

SENTENCE

SENTENCE: PENN - 12 MONTHS 12/01/00

PROCEEDINGS: CTS; PARA 1 TRUE PLEA AND FINDING:

CLERK: ROBERT K. GILL

CLERK: LAL CLARK, LEE A.

54
1/2

Wlm

10-05-54

465-98-004K

TX01978869

11-00

AFFIDAVIT

*
*
*

THE STATE OF TEXAS

BEFORE ME, the undersigned authority, personally appeared **Nancy Moorman**, known by me, who being by me duly sworn, deposed as follows:

"My name is **Nancy Moorman**. I am over twenty-one years of age, of sound mind, capable of making this Affidavit and personally acquainted with the facts herein stated.

I am employed as the Registered Records Administrator for the Texas Department of Criminal Justice, and my office is located in Huntsville, Texas. I do hereby certify that I am the custodian of Health Records maintained in the regular course of business on each and every offender incarcerated in the Texas Department of Criminal Justice. I have reviewed business records within the file on offender **BILLY JACK CRUTSINGER TDCJ NO.1014350**. I hereby certify that the attached copies of documents from the Health Record for the **PERIOD 12/14/00 TO 10/26/01** maintained on offender **BILLY JACK CRUTSINGER** are true, complete and correct copies of the original records now on file in my office and in my custody.

I further certify that the records attached hereto are maintained in the usual and regular course of business of the Health Services Division of the Texas Department of Criminal Justice, and that such records are maintained on each and every offender confined here. All memoranda, reports, records or data compilations kept therein are made at or near the time by, a person with knowledge of the events, acts, conditions, opinions or diagnoses described. These records are kept in the course of a regularly conducted business activity, and it is the regular practice of this institution to make such memoranda, reports, records or data compilations.

In witness whereof, I have hereto set my hand this 07/18/2003

07/18/2003

Nancy Moorman RHIA
Registered Health Information Administrator
Texas Department of Criminal Justice

Nancy Moorman, RHIA
(Print Name)

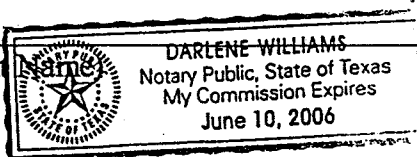
SWORN TO AND SUBSCRIBED BEFORE ME, by the said **Nancy Moorman**, on this 07/18/2003, to certify which witness my hand and seal of office.

Darlene Williams
NOTARY PUBLIC in and for the State Texas

My commission expires:

6-10-06

(Print Name)



1

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Microfilm flag

1. ANNUAL PHYSICAL MEDICAL CLASSIFICATION, HISTORY & PHYSICAL, RECEIVING AND SCREENING: SOLITARY PHYSICAL: HEALTH SUMMARY FOR CLASSIFICATION.
2. IM / SER / TB: IMMUNIZATION RECORD: SEROLOGY: STATE DISEASE REPORT, ETC.
3. EKG, LAB, RAD. AUDIOMETER TEST RESULTS, SPIROMETRY REPORT.
4. ER: EMERGENCY ROOM REPORTS, EMERGENCY NURSING CARE RECORD.
5. MASTER PROBLEM LIST.

1

HEALTH SUMMARY FOR CLASSIFICATION

12/15/2000

NAME: CRUISINGER, BILLY JACK
 ID#: 01014350 SIO#: 01978869
 UNIT: LM HOUSING: C2-1040
 JOB: JC UNASSGN PENDING PROCESS

DOB: 10/05/1954 F U L L N E S
 WGT: 207 LBS
 HGT: 0'00" 121111111111
 181A1A1A1A1A1
 1P1 1 1 1 001

I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION
☐ B. REGIONAL MEDICAL FACILITY
☐ C. EXTENDED CARE FACILITY
☐ D. PSYCHIATRIC CARE FACILITY
☐ E. BARRIER-FREE FACILITY
☐ F. SINGLE LEVEL FACILITY
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? X YES ___ NO
 SUITABLE FOR SAIP FACILITY? X YES ___ NO

II. HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)

B. BUNK ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION
☐ 2. SINGLE CELL ONLY
☐ 3. DOUBLE CELL ONLY
☐ 4. SPECIAL HOUSING (HOUSING WITH
 PATIENT WITH LIKE MEDICAL CONDITION)
☐ 5. CELL BLOCK ONLY

- ☐ 1. NO RESTRICTION
☐ 2. LOWER ONLY

C. ROW ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
☐ 2. GROUND FLOOR ONLY

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED
☐ 2. PSYCHIATRICAL UNASSIGNED
☐ 3. SEDENTARY WORK ONLY
☐ 4. FOUR HOUR WORK RESTRICTION
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION
☐ 6. EXCUSE FROM SCHOOL
☐ 7. LIMITED STANDING
☐ 8. NO WALKING > ___ YARDS
☐ 9. NO LIFTING > ___ LBS.
☐ 10. NO BENDING AT WAIST
☐ 11. NO SQUATTING
☐ 12. NO CLIMBING
☐ 13. LIMITED SITTING
☐ 14. NO REACHING OVER SHOULDER
☐ 15. NO FOOD SERVICE
☐ 16. NO REPETITIVE USE OF HANDS
☐ 17. NO WALKING ON WET UNEVEN SURFACES
☐ 18. DO NOT ASSIGN TO MEDICAL
☐ 19. NO WORK IN DIRECT SUNLIGHT
☐ 20. NO TEMPERATURE EXTREMES
☐ 21. NO HUMIDITY EXTREMES
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POLLUTANTS
☐ 23. NO WORK WITH CHEMICALS OR IRRITANTS
☐ 24. NO WORK REQUIRING SAFETY BOOTS
☐ 25. NO WORK AROUND MACHINES WITH MOVING PARTS
☐ 26. NO WORK EXPOSURE TO LOUD NOISES
☐ 27. NO WORK REQUIRING COMPLEX INSTRUCTIONS

IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS
☐ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- X A. NO RESTRICTION
☐ B. MEDICAL REPRESENTATIVE REQUIRED
☐ C. PSYCH REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- X A. NO RESTRICTION
☐ B. EMS AMBULANCE
☐ C. WHEELCHAIR VAN
☐ D. VAN (SOUTHERN REGION ONLY)

... COUNTS - GR NO 12/15/2000

PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

HEALTH SUMMARY FOR CLASSIFICATION

UNIT NAME: Lindsey HT _____INMATE NAME: Coutsinger, Billy WT _____TDCJ ID # 1014390

| P | U | L | A | E | S |
|---|---|---|---|---|---|
| 2 | 1 | | | | 1 |
| B | A | | | | A |
| P | P | | | | H |

IF RESTRICTIONS ARE TEMPORARY, CHECK ONE: DURATION: A. 14 Days B. 30 Days C. 60 Days D. 90 Days

I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION
☐ B. REGIONAL MEDICAL FACILITY
☐ C. EXTENDED CARE FACILITY
☐ D. PSYCHIATRIC CARE FACILITY

☐ E. BARRIER-FREE FACILITY☐ F. SINGLE LEVEL FACILITYSUITABLE FOR TRUSTEE CAMP ASSIGNMENT? ☐ YES ☐ NOSUITABLE FOR SAIP FACILITY? ☐ YES ☐ NO

HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION
☐ 2. SINGLE CELL ONLY
☐ 3. DOUBLE CELL ONLY
☐ 4. SPECIAL HOUSING (HOUSING WITH
PATIENT WITH LIKE MEDICAL CONDITION)
☐ 5. CELL BLOCK ONLY

B. BUNK ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION
☐ 2. LOWER ONLY

C. ROW ASSIGNMENT (CHECK ONE)

- ☐ 1. NO RESTRICTION
☐ 1. GROUND FLOOR ONLY

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED
☐ 2. PSYCHIATRICAL UNASSIGNED
☐ 3. SEDENTARY WORK ONLY
☐ 4. FOUR HOUR WORK RESTRICTION
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION
☐ 6. EXCUSE FROM SCHOOL
☐ 7. LIMITED STANDING
☐ 8. NO WALKING > _____ YARDS
☐ 9. NO LIFTING > _____ LBS.
☐ 10. NO BENDING AT WAIST
☐ 11. NO SQUATTING
☐ 12. NO CLIMBING
☐ 13. LIMITED SITTING
☐ 14. NO REACHING OVER SHOULDERS
☐ 15. NO FOOD SERVICE WORK
☐ 16. NO REPETITIVE USE OF HANDS
☐ 17. NO WALKING ON WET UNEVEN SURFACES
☐ 18. DO NOT ASSIGN TO MEDICAL
☐ 19. NO WORK IN DIRECT SUNLIGHT
☐ 20. NO TEMPERATURE EXTREMES
☐ 21. NO HUMIDITY EXTREMES
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POLLUTANTS
☐ 23. NO WORK WITH CHEMICALS OR IRRITANTS
☐ 24. NO WORK REQUIRING SAFETY BOOTS
☐ 25. NO WORK AROUND MACHINES WITH MOVING PARTS
☐ 26. NO WORK EXPOSURE TO LOUD NOISES
☐ 27. NO WORK REQUIRING COMPLEX INSTRUCTIONS

IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☒ A. NO RESTRICTIONS
☒ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☐ A. NO RESTRICTION
☐ B. MEDICAL REPRESENTATIVE REQUIRED
☐ C. PSYCH REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☐ A. NO RESTRICTION
☐ B. EMS AMBULANCE

Date/Time 12-15-00 11:25
H. Counts Jr, MD
H. Counts Jr, MD
WHEELCHAIR VAN
VAN (SOUTHERN REGION ONLY)

PRINTED NAME AND TITLE OF REVIEWER

DATE

SIGNATURE OF REVIEWER

JOHN R. LINDSEY STATE JAIL

CHRONIC DISEASE
HYPERTENSION

INMATE NAME Cruisinger, Billy
 INMATE NUMBER 1014350 DATE 01/2001

MEDICAL ALERT CODES

BENIGN 4011
 MALIGNANT 4010

| | D | N | D | N | D | N | D | N | D | N | D | N | D | N | D | N | D | N |
|--------------------------|----------------------------|--------|--------|--------|--------|--------|--------|--------|---------|-----|-----|-----|---|---|---|---|---|---|
| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEPT | OCT | NOV | DEC | | | | | | |
| PHYSICIAN TREATMENT PLAN | 12/500 yes | — | — | — | — | — | — | — | — | | | | | | | | | |
| MASTER PROBLEM LIST | 12/500 yes | — | — | — | — | — | — | — | — | | | | | | | | | |
| MONTHLY VISITS | 12/500 date 01/2001 140 | 2/20 | 3/4 | 4/601 | 5/23 | 6/1701 | 7/09 | 8/01 | 9/10/01 | | | | | | | | | |
| BLOOD PRESSURE CHECK | 148/88 | 120/80 | 130/70 | 130/72 | 110/82 | 132/70 | 128/70 | 140/80 | 128/74 | | | | | | | | | |
| PNEUMONIA VACCINATION | 1/1901 rel vaccine | — | — | — | — | — | — | — | — | | | | | | | | | |
| INFLUENZA VACCINATION | 1/1901 rel vaccine | — | — | — | — | — | — | — | — | | | | | | | | | |
| MEDICATION COMPLIANCE | yes | yes | yes | yes | yes | yes | yes | yes | yes | | | | | | | | | |
| PATIENT EDUCATION | yes | yes | yes | yes | yes | yes | yes | yes | yes | | | | | | | | | |
| SMAC | DATE 1226 | — | — | — | — | — | — | — | — | | | | | | | | | |
| DIET | Reg +type diet | Reg | Reg | Reg | Reg | Reg | Reg | Reg | Reg | | | | | | | | | |

RECORD RNS
 INF RAI EV RN

WACHENHUT CORRECTIONS CORPORATION
JOHN R. LINDSEY STATE JAIL
NURSING CARE PLAN

The following care plan will be initiated upon intake or first Chronic Clinic visit. Complete plan of care by dating interventions that are applicable to the individual patient. A "P" documented on plan, indicates problem/variances which will then be addressed in progress notes after each monthly visit.

| GOALS | INTERVENTIONS | YR | | | | | | | | | | | | |
|--|--|-----|---|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| | | MTH | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| Patient will be able to verbalize basic of the disease process | Etiology of disease explained in terms he/she understands | | ✓ | | | ✓ | | | ✓ | | | ✓ | | |
| | Explain signs and symptoms of disease (cough, angina, hypoglycemia, etc.) | | ✓ | | | ✓ | | | ✓ | | | ✓ | | |
| | Demonstrates knowledge of the physical and physiological responses to disease process | | ✓ | | | ✓ | | | ✓ | | | ✓ | | |
| Patient will be able to verbalize risk factors and ways to reduce those risks to maintain optimal levels of health | Discuss risk factors and reducing factors, smoking, diet, exercise, weight loss, foot care, etc. | | | | ✓ | | | ✓ | | | ✓ | | | |
| | Explain transmission and exposure risk factors | | | | ✓ | | | ✓ | | | ✓ | | | |
| | Demonstrates knowledge of risk factors | | | | ✓ | | | ✓ | | | ✓ | | | |
| Patient will be able to verbalize an understanding of medication and importance of taking medications <i>Atorvastatin 5mg</i> | Explain rationale for taking medication as prescribed | | ✓ | | | | | ✓ | | | | | | |
| | Explain side effects of medication | | ✓ | | | | | ✓ | | | | | | |
| | Demonstrates understanding of medications listed below | | ✓ | | | | | ✓ | | | | | | |
| | Explain importance of exercise | | ✓ | | | | | ✓ | | | | | | |
| Patient will be able to verbalize an understanding of the importance of regular exercise and what type to avoid | Verbalizes understanding of exercise needs | | | | ✓ | | | | | | | | | |
| | Explain exercise/job restrictions | | | | ✓ | | | | | | | | | |
| | Verbally demonstrates own exercise regime | | | | ✓ | | | | | | | | | |
| page 1 | Initials | | <i>[Handwritten signatures and initials across the bottom of the table]</i> | | | | | | | | | | | |

Chronic Disease(s):

By [Handwritten Signature]

| ALS | INTERVENTIONS | YR MTH | 2001 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|--|---|-----------|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|
| Patient will be able to verbalize understanding of the rationale and constituents of a special diet. | Explain the importance of a balanced diet | | | | | | | | | | | | | | |
| | Explain need for special diet | | | | | | | | | | | | | | |
| | Patient can verbalize understanding of dietary needs | | | | | | | | | | | | | | |
| | Dietary restrictions maintained | | | | | | | | | | | | | | |
| Patient will be able to verbalize understanding of diagnostic test required. | Discuss diagnostic test ordered by the physician | | | | | | | | | | | | | | |
| | Test: | | | | | | | | | | | | | | |
| Patient will be able to verbalize and demonstrate understanding of the prosthetic device ordered. | Discuss use/restrictions related to prosthetic device | | | | | | | | | | | | | | |
| | Patient can verbalize and demonstrate use/restrictions of prosthesis | | | | | | | | | | | | | | |
| Patient will be monitored by a health care professional monthly and as needed | Temperature | | | | | | | | | | | | | | |
| | Pulse | | | | | | | | | | | | | | |
| | Respirations | | | | | | | | | | | | | | |
| | Blood pressure | | | | | | | | | | | | | | |
| | Weight | | | | | | | | | | | | | | |
| | Resp. status optimal for patient | | | | | | | | | | | | | | |
| Mental status | Alert, aware, oriented, confused, ect. | | | | | | | | | | | | | | |
| | Patient is being monitored by a mental health practitioner | | | | | | | | | | | | | | |
| | Mental health referral | | | | | | | | | | | | | | |
| Long term goals | Patient will have psychological support and maintain health | | | | | | | | | | | | | | |
| | Maintain optimal health by diet, weight control, and physical fitness | | | | | | | | | | | | | | |
| | The patient will have an understanding of disease process and adhere to recommended course of treatment | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | |
| page 2 | Initials | | | | | | | | | | | | | | |

Inmate Name

Cretkner Billy

Signature:

LINDA HURFORD RN

Initials:

[illegible]

JOHN R. LINDSEY STATE JAIL

NURSING CARE PLAN

a following care plan will be initiated upon intake or first Chronic Clinic visit. Complete plan of care by dating interventions that are applicable to the individual patient. A "P" documented on plan, indicates problem/variances which will then be addressed in progress notes after each monthly visit.

| GOALS | INTERVENTIONS | YR | 2001 | | | | | | | | | | | |
|--|--|-----|-------|-------|-------|-------|-------|-------|------|--|--|--|--|--|
| | | MTM | Jan | Feb | Mar | Apr | May | June | July | | | | | |
| Patient will be able to verbalize a basic of the disease process | Etiology of disease explained in terms he/she understands | | 01/31 | 02/28 | 03/30 | 04/27 | 05/31 | 06/28 | | | | | | |
| | Explain signs and symptoms of disease (cough, angina, hypoglycemia, etc.) | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | Demonstrates knowledge of the physical and physiological responses to disease process | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | | | | | | | | | | | | | | |
| Patient will be able to verbalize risk factors and ways to reduce those factors to maintain optimal levels of health | Discuss risk factors and reducing factors, smoking, diet, exercise, weight loss, foot care, etc. | | ✓ | ✓ | ✓ | - | - | - | | | | | | |
| | Explain transmission and exposure risk factors | | ✓ | ✓ | ✓ | - | - | - | | | | | | |
| | Demonstrates knowledge of risk factors | | ✓ | ✓ | ✓ | - | - | - | | | | | | |
| | | | | | | | | | | | | | | |
| Patient will be able to verbalize understanding of medication and importance of taking medications | Explain rationale for taking medication as prescribed | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | Explain side effects of medication | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| | Demonstrates understanding of medications listed below | | ✓ | ✓ | ✓ | - | ✓ | ✓ | | | | | | |
| | Explain importance of exercise | | ✓ | - | - | - | - | - | | | | | | |
| | | | | | | | | | | | | | | |
| Patient will be able to verbalize an understanding of the importance of regular exercise and what type to avoid | Verbalizes understanding of exercise needs | | - | - | - | - | - | - | | | | | | |
| | Explain exercise/job restrictions | | - | - | - | - | - | - | | | | | | |
| | Verbally demonstrates own exercise regime | | - | - | - | - | - | - | | | | | | |
| | | | | | | | | | | | | | | |
| page 1 | Initials | | MM | MM | MM | MM | MM | MM | | | | | | |

Chronic Disease(s): T.B.

Antibiotic Rx: 11/1

TDCJ# 1014350

| | | MTH | Jan | Feb | Mar | Apr | May | Jun | July | | | | | | |
|---|---|-----|--------|--------|--------|--------|--------|--------|------|--|--|--|--|--|--|
| Patient will be able to verbalize an understanding of the rationale for and constituents of a special diet. Diet: | Explain the importance of a balanced diet | | 01/21 | 02/28 | 03/20 | 04/27 | 05/31 | 10/28 | | | | | | | |
| | Explain need for special diet | | - | - | - | - | - | - | | | | | | | |
| | Patient can verbalize understanding of dietary needs | | - | - | - | - | - | - | | | | | | | |
| | Dietary restrictions maintained | | - | - | - | - | - | - | | | | | | | |
| Patient will be able to verbalize an understanding of type of diagnostic test required. | Discuss diagnostic test ordered by the physician | | ✓ | - | - | - | - | - | | | | | | | |
| | Test: C X R | | ✓ | - | - | - | - | - | | | | | | | |
| Patient will be able to verbalize and demonstrate an understanding of the prosthetic device ordered. | Discuss use/restrictions related to prosthetic device | | - | - | - | - | - | - | | | | | | | |
| | Patient can verbalize and demonstrate use/restrictions of prosthesis | | - | - | - | - | - | - | | | | | | | |
| Patient will be monitored by a health care professional monthly and as needed | Temperature | | 97.3 | 96.2 | 97.0 | 96.9 | 97.1 | 97.0 | | | | | | | |
| | Pulse | | 78 | 76 | 78 | 76 | 68 | 76 | | | | | | | |
| | Respirations | | 18 | 18 | 20 | 18 | 18 | 18 | | | | | | | |
| | Blood pressure | | 104/78 | 132/74 | 109/70 | 130/78 | 109/70 | 112/78 | | | | | | | |
| | Weight | | 207 | 212 | 213 | 210 | 213 | 212.6 | | | | | | | |
| | Resp. status optimal for patient | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| Mental status | Alert, aware, oriented confused, ect. | | X3 | X3 | X3 | X3 | X3 | X3 | | | | | | | |
| | Patient is being monitored by a mental health practitioner | | - | - | - | - | - | - | | | | | | | |
| | Mental health referral | | - | - | - | - | - | - | | | | | | | |
| Long term goals | Patient will have psychological support and maintain health | | - | - | - | - | - | - | | | | | | | |
| | Maintain optimal health by diet, weight control, and physical fitness | | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | |
| | The patient will have an understanding of disease process and adhere to recommended course of treatment | | ✓ | ✓ | ✓ | ✓ | ✓ | - | | | | | | | |
| Other | | | | | | | | | | | | | | | |

page 2

Initials *mm mm mm mm mm mm mm*

Inmate Name
T.D.C.J.#

Crutsinger, Billy
1014350

Signature:

Title:

Initials:

1 *M. V. Nichols, Rn* *mm*

2

3

WCC

SCR LOG #

10-733

John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 10-25-01 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) Queja Medica Queja Dental

Print: CRUTSINGER Billy JACK F4A#40 NON

se Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Briefly state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razón de solicitud. Permita varios días para que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en español.

PROBLEM/QUEJA:

Follow up Swor Throat

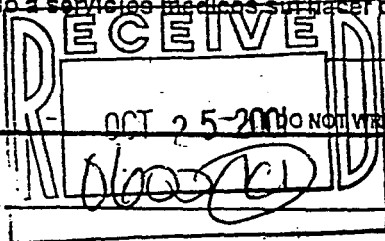
Inches Choughing

Head Aches

Kant Sleep

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

En acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fudiciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.



Billy Jack CRUTSINGER
Signature of Offender / Firma del ofensor

Date Received

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

10-25-01 0135 wt 213lbs. 977

(Stamp Date)

Date Reviewed

Written Response(see below) ☒ Seen in Medical

ACTION TAKEN

benadryl 25mg Cap. ii po now
Ibuprof in 200mg tad iii po now

Placed on sick call list Date of Appointment

Placed on Dental list Date of Appointment

Other (Explain)

MAUNEY, RN

WCC

SCR LOG #

15-6661

John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

TYPE OF REQUEST/ 10-23-01 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
 TIPO DE SOLICITUD (Por favor marque uno) ☒ Queja Medica ☐ Queja Dental
 Patient/ COUTSINGER Billy Jack #1014350 F4A 40 H J
 Nombre del Preso
 Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
 Nombre del Preso Numero del Preso Sitio de Vivienda Asignación de Trabajo Horas de Trabajo

Clearly state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razón de solicitud. Permita varios días para que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en español.

REASON/QUEJA: Need some thing for ~~cut~~
WIS ~~cut~~ and running nose
~~cut~~

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

En acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, entiendo que mis fondos fiduciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de mi habilidad de pagar esta cuota.

Signature of Offender / Firma del ofensor Billy Jack Coutsinger 209 97-84-17
 DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA
 Date Received OCT 23 2001 (Stamp Date)
 Date Reviewed 0600 K

Written Response(see below) 139-84 Seen in Medical

ACTION TAKEN Warm salt water gargle Tid x 3 days
CPM 4 mg po now
Ibuprofen 200 mg tid po now

Placed on sick call list. Date of Appointment 10-23-01 0800

Placed on Dental list. Date of Appointment

Other (Explain):

ANNIE WADE, RN

VCC

SCR LOG #

10-444John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 10-12-01 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) ☒ Queja Medica ☐ Queja DentalPrint: CRUTSINGER Billy JACK # 1014350 F4A # 40 School 130:430
Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Briefly state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios para días que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA:

Need follow upON SIMETHICONE AND foot
POWDER

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

En acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fudiciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.

Billy JACK CRUTSINGER
Signature of Offender / Firma del ofensor

Date Received

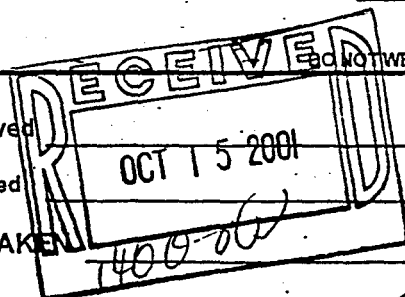
(Stamp Date)

Date Reviewed

Written Response(see below)

☒ Seen in Medical

ACTION TAKEN

Simethicone and foot powder
refilled

Placed on sick call list. Date of Appointment

Placed on Dental list. Date of Appointment

Other (Explain):

WILFORD RM

WCC

SCR LOG #

9-586

John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 9-24-01 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) ☒ Queja Medica ☐ Queja DentalPrint: CRUTSINGER Billy JACK 1014350 F4-A #40 School 13043
Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Please state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios para dias que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA:

Need Follow up on
SIMETHICONE + FOOT Powder

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

De acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fudiciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.

Billy Jack Crutsinger
Signature of Offender / Firma del ofensor

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received SEP 24 (Stamp Date)Date Reviewed 000000 Written Response(see below) ☒ Seen in Medical

ACTION TAKEN

092401 0800① refilled simethicone and
② foot powder

Placed on sick call list. Date of Appointment _____

Placed on Dental list. Date of Appointment _____

Other (Explain): _____

LINDA HUBFORD RN

WCCSCR LOG # 914John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ ~~9-1-01~~ 9-1-01 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) Queja Medica Queja Dental

P. CRUTSINGER BILLY JACK #104350 F4A-40 Sch 130-430

| Use Letra de Molde | Inmate's Name/ Nombre del Preso | Number/ Numero del Preso | Housing Location/ Sitio de Vivienda | Job Assignment/ Asignacion de Trabajo | Duty Hours Horas de Trabajo |
|--------------------|------------------------------------|-----------------------------|--|--|--------------------------------|
| | | | | | |

Briefly state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios para días que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en español.

PROBLEM/QUEJA:

"Need Follow up on

"SIMETHICONE" & "Foot Powder"

THANK YOU!!!

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

En acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fudiciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere provuelto acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.

BILLY CRUTSINGER

Signature of Offender / Firma del ofensor

Date Received

Date Reviewed

(Stamp Date)

Written Response(see below)

Seen in Medical

ACTION TAKEN

needs refills of foot powder
and simethicone.

WCCSCR LOG # 8451John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 8-16-01 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
 FECHA DE SOLICITUD (Por favor marque uno) Queja Medica Queja Dental

● CUTSINGER Billy JACK #10435 F4A=40 School 130-430
 Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
 Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Briefly state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Breve brevemente la razon de solicitud. Permita varios para días que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en español.

PROBLEM/QUEJA: Need Follow up on SIMETHICONE +
CRAMER FOOT POWDER + EYE TEARS
Preparation - H.

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay. En acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fiduciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de mi habilidad de pagar esta cuota.

Billy Jack Cutsinger
 Signature of Offender / Firma del ofensor

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received

(Stamp Date)

Date Reviewed

Written Response(see below)

☒ Seen In Medical

ACTION TAKEN

He 1400 T-97 P-68 R-16 BP 142/72 wt-210
Has KOP orders for Simethicone
and Artificial Tears to KOP for the
Dr.
Simethicone and Artificial Tears issued.
 Placed on sick call list Date of Appointment 8-17-01 Mr. [Signature]

WCC

John R. Lindsey State Jail
Health Services

SCR LOG #

139
7-1-40

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 7-5-01 (Please check one) X Medical Complaint/ School Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) Queja Medica Queja Dental

Print: CRUTSINGER BILLY JACK # 1014350 F4A-40 130-430
Cetra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Briefly state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios para días que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA:

"yes I would like to see if I could get a set of inserts, The ones that I had wore out, AND some ANTIFUNGUS "FOR MY FEET" THANK YOU Billy Jack

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

En acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fudiciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.

Signature of Offender / Firma del ofensor

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received

(Stamp Date)

Date Reviewed

Written Response(see below)

Seen In Medical

ACTION TAKEN

Placed on sick call list Date of Appointment

CHICAGO ADV 1VN

WCC

SCR LOG #

5-194

John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 5-8-01 (Please check one) Medical Complaint/ ☒ Dental Complaint/ ☐
 FECHA DE SOLICITUD (Por favor marque uno) Queja Medica Queja Dental

Print: CRUTSINGER BILLY JACK #1014350 F4A 40 FACE JAW

Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
 Nombre del Preso Número del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Briefly state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios para dias que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA: FEET PROBLEM'S + LOWER
BACK FROM WRECK, I AM
IN PAIN ALL TIME

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

En acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fudiciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.

Billy Jack Crutsinger

Signature of Offender / Firma del ofensor

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received RECEIVED (Stamp Date)

Date Reviewed

Written Response(see below) ☒

Seen in Medical

ACTION TAKEN

MAY - 8 2001

Vited

-97P-72R-16 BP 110/78 wt-212

Dr. Appt given for 5-14-01

Placed on sick call list. Date of Appointment

Placed on Dental list. Date of Appointment

Other (Explain):

1530

Medical Signature

Michael Byrnes RN

5-8-01 110

WACKENHUT CORRECTIONS CORPORATION

SPECIAL REQUEST FOR MEDICAL

NAME: Crutinger, Billy TDC: 1014350

DATE: 4-20-01 LOCATION: F4-A-40

COMMENTS: Appt to see
Dr Counts at 9 Am,
4-20-01

Michael Byrnes RN

NURSE SIGNATURE: [Signature]



04/82

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 4-18-01 (Please check one)/ ☒ Medical Complaint/ ☐ Dental Complaint/
 FECHA DE SOLICITUD (Por favor marque uno) Queja Médica Queja Dental

Print/ CRUTSINGER Billy Jack # 1014350 F4-A 40 1300 900
 Use Letra de Molde Inmate's Name/ Número del Preso Housing Location/ Sitio de Vivienda Job Assignment/ Asignación de Trabajo Duty Hours/ Horas de Trabajo

Briefly state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razón de su solicitud. Permita varios días para que su solicitud sea procesada. Una copia de su solicitud será archivada en sus records. Prisioneros de habla hispana pueden solicitar dicha asistencia en español.

PROBLEM/QUEJA:

my right foot is
 HURTING REAL BAD HARD
 TO WALK it is BURNING &
 STINGING

THANK YOU!

Billy Crutsinger

Inmate's Signature/Firma del Preso

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received _____ (Stamp Date)

Date Reviewed: APR 19 2001 Written Response (see below) Seen in Medical

ACTION TAKEN

- RT foot swollen X 2 days No
 hif of injury. No lesions seen
 2+ edema

Dr Apppt for 4-20-01
4-19-01

Placed on sick call list. Date of Appointment _____

Placed on Dental list. Date of Assessment: _____

Other (Explain): _____

1630

C. ROYNER BSRN, HSA

16

WCCSCR LOG # 3-448John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 3/16/01 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) ☒ Queja Medica ☐ Queja DentalPrint: CRUTSINGER Billy F4A.40 1014350 FTS
Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Briefly state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios dias para que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA: NEED SOME FOOT CREAM
FOR FUNGUSTHANK YOU

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

En acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fudiciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.

Signature of Offender / Firma del ofensor

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received _____ (Stamp Date)

Date Reviewed _____ Written Response(see below) ☒ Seen in Medical

ACTION TAKEN

0600 03701 bid x 7 days
1. Use antifungal cream twice
2. Drink lots of water
3. Keep skin clean and dryPlaced on sick call list. Date of Appointment 037701 0600

Placed on Dental list. Date of Appointment _____

Other (Explain):

LINDA HUBFORD RN

Medical Signature

WCC

M D APP

SCR LOG # 2-183

John R. Lindsey State Jail
Health Services

#104850

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 02-06-01 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) Queja Medica Queja Dental

Print: CRUTSINGER BILLY JR F4A 40 School
Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Briefly state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios para dias que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA: NEED SOME PAIN
MED FOR THE GOUT IN
MY FOOT
THANK YOU

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

En acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fudiciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.

Billy Crutsinger
Signature of Offender / Firma del ofensor

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received FEB 5 (Stamp Date)

Date Reviewed 2:200 Written Response(see below) MD Seen in Medical

ACTION TAKEN MD

MD appointment today

Placed on sick call list. Date of Appointment
Placed on Dental list. Date of Appointment

Other (Explain): Barclay No 200701 0701
Medical Signature

WCC

Daw's

SCR LOG # 2-122John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

#1014350

DATE OF REQUEST/ 2-4-1 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) Queja Medica Queja DentalPrint/ CRUTSINGER Billy JACK F4A 40 School
Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Please state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios para dias que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA: "GOUT" IN MY FOOT IS BACK -
IT IS HURTING BAD.
NEED some help PLEASE

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

De acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fudiciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere provuelto acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.

Billy Jack Crutsinger
Signature of Offender / Firma del ofensor

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received 02-05-01 0815 (Stamp Date)Date Reviewed 11-01-01 Written Response(see below) ☒ Seen In MedicalACTION TAKEN Ibuprofen 200mg tab iii po now appt to see
M.D. 02-07-01

Placed on sick call list Date of Appointment

Placed on Dental list Date of Appointment

Other (Explain):

M. MAUNEY, RN

1110

POLICY #181

ATTACHMENT E-2 (INMATE)

WCC - JOHN R. LINDSEY STATE JAIL

RELEASE FROM LIABILITY FOR HBV VACCINE

I have been advised by Dr. Counts / M. Nichols, MD that I should receive the HBV Vaccine.

I am an inmate in HBV risk category I, subject to potential occupational exposure to HBV infection. I understand that HBV vaccine has an 80% - 95% efficacy level in providing protection from HBV infection, if the complete series of three doses of vaccine are administered. I further understand that in addition to the acute illness, HBV infection can lead to a chronic carrier state, chronic hepatitis, cirrhosis of the liver, and a higher risk of liver cancer. I understand that there is no effective treatment or cure for HBV infection at this time.

I elect NOT to receive the HBV vaccine.

I, therefore release the above named physician, Wackenhut Corrections Corporation, and it's staff from all financial and other responsibility, should I develop acute HBV infection or any of it's complications.

I certify that I am 18 years of age or older and am legally and medically competent.

DATE: 01/27/01

X Billy Jack Crutsinger
Signature of Inmate

Crutsinger, Billy
Printed Name of Inmate

M. Nichols, MD
Signature of Witness

#1014350
TDCJ-ID Number

M. Nichols, LVN/BSN

The inmate named above elected NOT to receive the HBV Vaccine, after having the information exhibited above presented to him/her in an understandable manner. The inmate, also, declined in our presence to sign this refusal form, acknowledging the foregoing negative election and presentation of information.

Date

Signature of Witness

Signature of Witness

WCCSCR LOG # 1-457John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 01-15-01 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) Queja Medica Queja DentalPrint: CATTSMER BILLY JACK #1014350 F4A #40 School
Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Please state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios para dias que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA: GOUT IN MY FOOT HAS CAME
BACK IT IS BAD
CAN'T HARDLY WALK
THANK YOU
Billy CattsmerIn accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.
Entiendo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fiduciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de mi habilidad de pagar esta cuota.

Signature of Offender / Firma del Ofensor

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received JAN 16 2001 (Stamp Date)Date Reviewed 0601 RL Written Response(see below) ☒ Seen in Medical

ACTION TAKEN

Ibuprofen 200 mg tabs #11 p o n o n
Do apt in AMPlaced on sick call list. Date of Appointment 1-16-01 1015

Placed on Dental list. Date of Appointment

Other (Explain):

made a Connie Wade MHI

WCC

SCR LOG #

T-355

John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 01-09-01 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) ☒ Queja Medica ☐ Queja DentalPrint: CRUTSINGER Billy T014350 F4A 40 School
Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Please state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios para dias que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA:

NEED TO SEE EYE DOC
my GLASSK'S GOT BROKE
NEED EYE EX -
PLEASE THANK YOUIn accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.
En acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fudiciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.Ray Pacheco
Signature of Offender / Firma del ofensor

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received _____ (Stamp Date)

Date Reviewed JAN 10 Written Response(see below) ☒ Seen In MedicalACTION TAKEN 10 1400 T-96 P-68 R-17 B-110 Int-2Sellen Chart 05 20/100 00 20/200 04 20/100Placed on sick call list. Date of Appointment 1-10-01

Placed on Dental list. Date of Appointment _____

Other (Explain): Michael Byrnes RN

WCC

SCR LOG #

1-75

John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 1-04-01 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) Queja Medica Queja Dental

Print: CRUTSINGER Billy JACK #1014350 F-4-A 40 Schell
Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Briefly state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios para dias que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA: GOUT IN MY FOOT IS GETTING
WORSER, KNOW I HAVE A SORE ON
THE SIDE OF MY FOOT, IT IS HURTING
BAD PLEASE HELP THANK YOU
IT IS HURTING BAD

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

En acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fudiclarlos seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.

Billy Jack Crutinger 96⁸ 209
Signature of Offender / Firma del ofensor 72-18

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received JAN 4 2001 (Stamp Date)

Date Reviewed Written Response(see below) ☒ Seen In Medical

ACTION TAKEN

Dr Apt made

Placed on sick call list. Date of Appointment 1-4-01 0830

Placed on Dental list. Date of Appointment

Other (Explain): THE WADE, R.N.

WCC

SCR LOG # 01-15

John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 1-1-01- (Please check one) ☒ Medical Complaint/ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) ☒ Queja Medica Queja DentalPrint: CRUTSINGER BILLY JACK #1614350 F.4.A #40 School
Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios para dias que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA: HAVE GOUT, IT HAS FLAIED BACK UP
AND SWOLDEN UP HURT'S BAD, NEED SOME
HELP PLEASE.
THANK YOU
START TO School 1-3-01 CANT HARDLEY WALK

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

De acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fudiclarlos seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.

Billy Jack Crutsinger
Signature of Offender / Firma del ofensor

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received (Stamp Date)

Date Reviewed 01-02-01

PR

Written Response(see below)

Seen In Medical

ACTION TAKEN

01 02 01 0905

Matrin Gomez IV PO Q10 X 300p

Placed on sick call list. Date of Appointment

Placed on Dental list. Date of Appointment

Other (Explain):

SUSAN CLARK, LVN

VCCSCR LOG # 112-754John R. Lindsey State Jail
Health Services

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 12-28-00 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) ☒ Queja Medica ☐ Queja DentalPrint: CRUTSINGER BILL 1014350 F-4A-40 AS9 JAN 10P-6A F-S
Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

I state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios para dias que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA: FOOT HURTING FROM GOUT CANT WALK HARDLY
ALSO CANT SEE MY GLASSES GOT
BROKE NEED GLASSES BACK TO SEE

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

De acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fudiciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.

Bill Crutsinger
Signature of Offender / Firma del ofensor

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received 29 (Stamp Date)Date Reviewed ER 0600 Written Response(see below) ☒ Seen in MedicalACTION TAKEN 12/29/00 045
204 per ppt + made
Refer to MD

Placed on sick call list. Date of Appointment _____

Placed on Dental list. Date of Appointment _____

Other (Explain): _____

SUSAN CLARK, LVN

WCCJohn R. Lindsey State Jail
Health Services

SCR LOG #

12-459

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 12-15-2000 (Please check one) ☒ Medical Complaint/ ☐ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) ☒ Queja Medica ☐ Queja DentalPrint: CRUTSINGER BILLY JACK #1014350 C204
Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Briefly state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios dias para que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA: NEED SOME THING FOR HEART-BURN

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

De acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, entiendo que mis fondos fudiciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveldo acceso a servicios medicos sin hacer caso de me habilidad de pagar esta cuota.

Billy Jack Crutsinger
Signature of Offender / Firma del ofensor

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received 12-16-00 (Stamp Date)Date Reviewed 2200 only Written Response(see below) ☒ Seen In MedicalACTION TAKEN advised to get Volants from Commissary

Placed on sick call list. Date of Appointment _____

Placed on Dental list. Date of Appointment _____

Other (Explain):

M. MAUNEY RN

Medical Signature

WCCJohn R. Lindsey State Jail
Health Services

SCR LOG #

12-458

MEDICAL REQUEST/SOLICITUD DE ASISTENCIA MEDICA

DATE OF REQUEST/ 12-15-2000 (Please check one) Medical Complaint/ Dental Complaint/
FECHA DE SOLICITUD (Por favor marque uno) Queja Medica Queja DentalPrint: CRUTSINGER Billy JACK # 1014350 C2-04
Use Letra de Molde Inmate's Name/ Number/ Housing Location/ Job Assignment/ Duty Hours
Nombre del Preso Numero del Preso Sitio de Vivienda Asignacion de Trabajo Horas de Trabajo

Briefly state the reason for your request; you will receive a response to your request. Please allow several days for your request to be submitted, answered and returned. A copy of your request will be filed in your records.

Explique brevemente la razon de solicitud. Permita varios dias para que su solicitud sea procesada. Una copia de su solicitud archivada en sus records. Prisioneros de hispana pueden solicitar dicha asistencia en espanol.

PROBLEM/QUEJA: NEEN TO SEE EYE DOCTOR

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay.

En acuerdo con la ley estatal, si esta visita satisface los requisitos de copago de servicios medicos del ofensor, yo entiendo que mis fondos fiduciarios seran cargados una cuota de \$3.00. Yo tambien entiendo que yo sere proveido acceso a servicios medicos sin hacer caso de mi habilidad de pagar esta cuota.

Billy Jack CRUTSINGER

Signature of Offender / Firma del ofensor

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE ESTA LINEA

Date Received

12-16-00 1045 wt 206 lbs 110
(Stamp Date) 84-6476

Date Reviewed

DEC 15

Written Response(see below)

Seen In MedicalACTION TAKEN 2200Reading glasses +1.75 1/2 lenses black plastic issued

Placed on sick call list. Date of Appointment

Placed on Dental list. Date of Appointment

Other (Explain):

M. MAUNEY, RN

Medical Signature

WACKENHUT CORRECTIONS CORPORATION

JOHN R. LINDSEY STATE JAIL

TO: CHRONIC CLINIC/SEGREGATION
SELECTED PATIENTS

DATE: 11/6/01

FROM: UNIT HEALTH AUTHORITY

SUBJECT: CARRY ON PERSON MEDICATION DISTRIBUTION PROGRAM

You have been selected to participate in a self-medication program. You will receive Simethicone to carry on your person.

Natural Oils
You must assume responsibility to properly take the medication as prescribed. Any medications witnessed selling, any reported stolen medication or any loss of the medication will result in losing the privilege and subsequent disciplinary action. You are responsible to keep your medication secured.

If your problem persist, submit another sick call request. You must return empty container or package to receive additional medication.

I, the below signed inmate, have been instructed in this self-medication program. I understand my failure to strictly abide by the regulations of this program will result in loss of this privilege and subsequent disciplinary action.

T Billy Jack Cutsinger
INMATE'S SIGNATURE

1014350
TDCJ-ID

11/6/01
DATE

SUSAN CLARK, LVN
WITNESS

WCC

AUTHORIZATION FOR RELEASE OF INFORMATION

To: _____

From: John R. Lindsey State Jail
1137 Old Post Oak Road
Jacksboro, Texas 76458
(940) 567-2272 EXT 270

Patient: Crutsmir Billy
Date of Birth: 10.5.54

SS# and/or TDC#: 1014350
Date(s) of Service: 4.3.01

I hereby authorize the above named provider to release to WCC, or any of its representatives the following confidential information:

- ☒ () Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care
- ☐ () Admission, () Discharge, and () Operative Summary Reports
- ☐ () X-Ray and/or () Special Studies Reports
- ☐ () Laboratory Reports and/or () Immunization History
- ☐ () Psychiatric Summary Report, () Drug Treatment History and Counseling Reports and/or () Dental Treatment Records
- ☒ Other Records (Specify information requested): Eye glass Rx

This authorization shall remain in full force and effect until withdrawn in writing by me. I hereby release and agree to hold harmless Provider from any and all liability that may result from such release of information.

Billy Crutsmir
Patient's Signature

LADONNA FOWLER
MEDICAL RECORDS
Witness' Signature

The information requested is recognized as confidential and will be used only to ensure prompt and appropriate treatment of the named patient.

Signature and Title

PRINTED MATERIAL COPIES
PRINTED MATERIAL COPIES

Inmate Crutsinger, Billy # 1014350 request a copy (or copies) of

eyeglass prescription and agrees to pay a cost of: \$0.10 per page for 1

pages. {total cost .10} The total cost will be charged to said inmate account via (or through) a commissary regular or special purchase.

Signature must be completed before this transaction can be completed.

***** TAKE THIS FORM TO COMMISSARY. AFTER COMMISSARY COMPLETES THIS FORM, BRING IT ALONG WITH YOUR COMMISSARY RECEIPT BACK TO MEDICAL. *****

THIS FORM IS NOT A PASS TO GO TO COMMISSARY

THIS FORM DOES NOT GIVE PERMISSION FOR YOU TO RECEIVE ANY PROPERTY

MEDICAL DOES NOT MAKE INDIGENT COPIES

X GARY ROBERTS
MEDICAL RECORDS
Department making copies

04/7/01
Date

X [Signature]
Commissary signature

5-24-01
Date

X Billy Crutsinger
Inmate signature

5-24-01
Date

Mx.
Fowler

THUMB PRINT



(10920)

INFORMATION ABOUT HEPATITIS B VACCINE

THE DISEASE: Hepatitis B is a viral infection caused by the hepatitis B virus. It can cause death in about 1-2% of patients with serious acute infection. Most people recover completely from hepatitis B, but about 5-10% of adults who catch hepatitis B will remain chronically infected. People with chronic hepatitis B infection remain capable of transmitting the infection to others through blood contact. About 1 out of 4 people with chronic hepatitis B will develop cirrhosis after several years. Cirrhosis can lead to liver failure, gastrointestinal bleeding or liver cancer. People with chronic hepatitis C are at greater risk for liver damage if they also catch hepatitis B. Vaccination against hepatitis B can prevent infection from hepatitis B infection, if the individual is not already infected at the time of vaccine administration. As a result, all the complications that may follow such infection can be avoided.

THE VACCINE: The vaccine is non-infectious protein particle that is by yeast cells. It contains no substances of human origin. It is not capable of transmitting hepatitis B or any other infection. The recommended series of 3 doses of vaccine induces a protection against hepatitis B infection in more than 90% of healthy adult for a lifetime. Some people will not respond to the vaccine, especially those with weakened immune systems, such as people with HIV infection or on dialysis. For those people additional doses of the vaccine may be given.

Somebody already has chronic hepatitis B infection, there is no harm in receiving the vaccine. However, the vaccine will not clear up chronic hepatitis B and will not protect an infected person against the complications of chronic hepatitis B.

A small number of people with no known medical problems will not be protected after receiving the vaccine. For this reason, it is still important for persons who have been vaccinated to avoid being exposed to the virus. The known exposure routes are sexual, body fluid and blood exposure and mother to infants during birth.

WHO SHOULD NOT GET HEPATITIS B VACCINE? People who have had a life-threatening allergic reaction to baker's yeast should not receive the vaccine. People who are moderately or severely ill should wait until they recover before receiving the vaccine. Patients with multiple sclerosis (a disease of the nervous system) may rarely have worsening of neurological condition. Pregnant and nursing woman should have hepatitis B vaccination only if clearly needed.

POSSIBLE SIDE EFFECTS OF HEPATITIS B VACCINE: Hepatitis B vaccine usually does not cause significant side effects. The most common side effect is soreness and swelling at the site of the injection. Some people may have fatigue, headache, dizziness, or low grade fever after vaccination. These side effects are less common after the second or third dose, and clear up on their own within a day or two. Other side effects are very rare. These include bruising at the site of injection, sweating, chills, low blood pressure, nausea, vomiting, stomach pain, constipation, diarrhea, enlarged lymph glands and rash.

In addition there have been reports of the following symptoms after vaccination, but it is not certain that they are related to the vaccine. These symptoms include painful joints, generalized bruising, visual disturbances, severe rash, paralysis, fainting, seizures, rapid heart rate or shortness of breath. Other symptoms such as flu-like symptoms, flushing, tingling, weakness, agitation, and irritability were rarely reported.

Like any medicine, hepatitis B vaccine can cause a severe allergic reaction, but the risk is very small.

Overall, getting hepatitis B vaccine is safer than getting hepatitis B disease.

IF YOU HAVE ANY QUESTIONS ABOUT HEPATITIS B INFECTION OR HEPATITIS B VACCINE, PLEASE CONSULT WITH FACILITY MEDICAL STAFF.

CONSENT FORM

I have read the above statement about hepatitis B infection and vaccine. I have had an opportunity to ask questions and understand the benefits and risks of HBV vaccination. I understand that I must have three doses to give me immunity to hepatitis B, but additional doses may be needed in some cases. As with all medical treatment, there is no guarantee that I will become immune or that I will not experience adverse side effect from the vaccine. I request the vaccine be administered to me.

Wutsinger, Billy #1
Printed Name of Person to Receive Vaccine

x Billy Jack Wutsinger
Signature

1014350
TDCJ Number

01/31/01
Date Signed

WCC

HEALTH SERVICES

CONSENT TO MEDICAL SERVICES

INMATE'S NAME: Crutsinger, Billy

DATE OF BIRTH: 10/02/59 I.D. NO.: 1014320

DATE: 01/19/01 TIME: (1015)

I hereby authorize Wackenhut Corrections Corporation and

DR. H. COUNTS, MD

(Print Physician's Name)

his assistant(s), or designee(s) to treat me as is necessary in his judgement.

The procedure(s), HIV TEST, necessary

to treat my condition has been fully explained to me by Dr. COUNTS, MD/M. NICHOLS, LVN CID

and I understand the nature of, and risks associated with, this procedure(s). Briefly stated, they are:

(Benefits) RESULTS OF HIV TESTING, REASSURANCE

(Risks) SORENESS AT SITE, POSSIBLE BRUISING

I am aware that the practice of the medical sciences is not exact and I acknowledge that no guarantees have been made to me as to the results of this procedure(s). Alternate treatment methods and their consequences as well as the risks of refusing the described treatment(s) (if applicable) have been fully explained to me.

Billy Jack Crutsinger
(Signature of Inmate)

(Witness)

M. Nichols, LVN
(Signature & Title of Provider)

(Witness)

M. Nichols, LVN CID

WACKENHUT CORRECTIONS CORPORATION
JOHN R. LINDSEY STATE JAIL

CONSENT TO MEDICAL SERVICES

INMATE NAME: Cruisinger, Billy

DATE OF BIRTH: 10/05/59 **TDC#** 1014350

DATE: 01/19/01 **TIME** 1020 **AM** **PM**

I hereby authorize Wackenhut Corrections Corporation and Dr. H. Counts, MD, his assistant(s) or designee(s) to treat me as is necessary in his judgment.

The procedure of Pneumonia Vaccine is necessary to treat my condition has been fully explained to me by Dr. Counts and I understand the nature of, and risks associated with this procedure. Briefly stated, they are:

Benefits: The aid in the prevention of pneumonia.

Risks: At site of injection soreness, slight fever.

I am aware that the practice of the medical sciences is not exact and I acknowledge that no guarantees have been made to me as to the results of this procedure(s). Alternate treatment methods and their consequences as well as the risks of refusing the described treatment(s) (if applicable) have been fully explained to me.

Manufacture: Merck Lot#: 12167.

Exp: _____ Site given: (R) deltoid

x Billy Cruisinger
Signature of Inmate

Witness

M. Nichols, RN
Nurse's Signature

Witness

M. Nichols, RN

WACKENHUT CORRECTIONS CORPORATION
JOHN R. LINDSEY STATE JAIL

CONSENT TO MEDICAL SERVICES

INMATE NAME: Crutsinger, Billy

DATE OF BIRTH: 10/05/59 **TDC#** 1014350

DATE: 01/19/01 **TIME** 1020 **AM** PM

I hereby authorize Wackenhut Corrections Corporation and Dr. H. Counts, MD, his assistant(s) or designee(s) to treat me as is necessary in his judgment.

The procedure of Flu Vaccine is necessary to treat my condition has been fully explained to me by Dr. Counts and I understand the nature of, and risks associated with this procedure. Briefly stated, they are:

Benefits: The aid in the prevention of flu.

Risks: At site of injection soreness, slight fever.

I am aware that the practice of the medical sciences is not exact and I acknowledge that no guarantees have been made to me as to the results of this procedure(s). Alternate treatment methods and their consequences as well as the risks of refusing the described treatment(s) (if applicable) have been fully explained to me.

Manufacture: Wyeth **Lot#:** 4008230

Exp: 06/01 **Site given:** (L) deltoid

X Billy Jack Crutsinger
Signature of Inmate

Witness

M. Nichols, RN
Nurse's Signature

Witness

M. Nichols, LVN/RN

WCC

HIV SCREENING FORM
FORMA PARA DETECTAR EL SIDA

NAME & TDCJ#

NOMBRE Y NUMERO DE TDCJ

James M. Cutsinger, Billy
Flowers

Screening and evaluation of Inmates at Risk for HIV

Evaluación y detección de presos con riesgo del SIDA

| COMPLETE ALL QUESTIONS. CONTESTE TODAS LAS PREGUNTAS | YES (SI) | NO (NO) |
|--|----------|---------|
| 1 Have you ever used intravenous drugs? Alguna vez ha usado drogas intravenosas? | — | NO |
| 2 Have you ever had or do you have any sexually transmitted diseases? (example: Genital Herpes, Genital Warts, Chlamydia, Trichomonas, Gonorrhea or Syphilis) Alguna vez hatenido alguna enfermedad venerea? (por ejemplo: Herpes, Mezquinos Genitales, Clamidia, Tricomonas, Gonorrhea or Sifilis) | | NO |
| 3 Have you ever participated in any homosexual, bisexual activities? Alguna vez a participado on actividades homosexuales o bisexuales? | | NO |
| 4 Have you had unprotected sex with multiple partners in the past 12 months? Alguna vez hatenido relaciones sexuales sin proteccion o con multiples y companeras? | | NO |
| 5 Have you ever been sexually assaulted by an offender while being incarcerated? Alguna vez ha sido sexualmente asaltado por otro preso mientras ha estado encarcelado? | | NO |

Billy Joe Cutsinger
 Offender's Signature & TDCJ#
 Firma Del Ofensor

Date

Fecha

M. Nichols, LW
 Screener's Signature & Stamp
 Firma y Sello Del Evaluador *M. Nichols, LVN/BSN*

Date

Fecha

12/14/00

Name Cruisinger, Billy Sex MALE DOB 101 51 54 ID# 1014350
Last 1214100 First 1130 a.m. p.m. Previous Commitment? Yes No Where Garrett Co
Interviewed by: C. W. [Signature] Site John R. Lindsey State Jail

VISUAL OBSERVATION (Explain any YES answers)

- 1 Is inmate unconscious or have obvious pain, bleeding, injuries, or other symptoms suggesting need for emergency medical referral? YES NO
- 2 Is inmate carrying any prescribed medication? If YES, what? _____ YES NO
- 3 Is there obvious fever or other evidence of infection? YES NO
- 4 Is there evidence of infestations, rashes, needle marks, bruises, lesions, jaundice or trauma markings? YES NO
- 5 Does inmate appear to be under the influence of, or withdrawing from drugs, alcohol or an unknown substance? YES NO
- 6 Does inmate exhibit any signs of abnormal behavior, tremors, sweating, persistent cough or lethargy? YES NO
- 7 Does inmate's behavior or physical appearance suggest the risk of suicide or assault on staff or other inmates? YES NO
- 8 Is inmate's mobility restricted in any way or has any body deformities? YES NO
- Does inmate have Physical Aids: Glasses YES Hearing Aid Cane Crutches Dentures Other

INMATE QUESTIONNAIRE (Explain any YES answers)

- 9 Presently taking medication under a doctor's orders? What? Zoloft, Atericetol YES ☒ NO ☐
How often? daily How much? 50 mg each Last time? 1 month ago
Ever had: diabetes, seizures, asthma, ulcers, high blood pressure, heart condition or psychiatric disorder? YES ☒ NO ☐
10 On a special diet prescribed by a physician? depression YES ☒ NO ☐
12 Been hospitalized or treated by a psychiatrist or a physician within the past year? Salmon YES ☒ NO ☐
Why? depression, B/P Where? Fort Worth
13 Any past history of venereal disease, T.B. infections or communicable illness, Childhood Diseases YES ☒ NO ☐
Chicken Pox, Measels, Mumps treatment or symptoms suggestive of such illness?
14 Allergic to anything (drugs, food, plants, etc.?) pepper YES ☒ NO ☐
15 Ever been treated for a mental disorder or attempted suicide? When? Last time 1 month ago Where? Salmon YES ☒ NO ☐
16 Fainted recently or had a recent head injury? YES ☒ NO ☐
17 Visualize the mouth, teeth and gums. Are there any dental problems noted? YES ☒ NO ☐
18 Have any other medical or mental problems you have not told me about? YES ☒ NO ☐
19 Use alcohol? yes What Kind? beer Last Time? 2 months Quantity? 2-6 pks
20 Use drugs? none What Kind? _____ Last Time? _____ Quantity? _____
21 Ever had problem following withdrawal of alcohol or drug use? _____ What type? _____ Convulsions? Yes ☒ No ☐
22 Language: (Circle one) English Spanish Other _____
23 Placement recommendation: (Circle one) General Population Emergency Treatment Next Sick Call Isolation
Remarks:

I acknowledge that I have answered all questions truthfully and have been told and shown in writing how to obtain medical, dental and psychiatric services. I consent to reasonable and customary medical, dental and psychiatric treatment offered in this facility. In accordance with state law, if a visit to a TDCJ facility health clinic meets offender health care copayment criteria, you will be charged a \$3.00 copayment fee. You will be provided access to health services regardless of your ability to pay this fee.

WACKENHUT CORRECTIONS CORPORATION

JOHN R. LINDSEY STATE JAIL FACILITY, JACKSBORO, TEXAS

Name Crottsinger, Billy ID# 1614350 DOB 10-5-54 Sex M Race W
 Occupation _____

HEALTH ASSESSMENT

Height 5'8" Weight 209 B/P 145/88 Temp 96.6 Pulse 84 Resp 18

| CLINICAL EVALUATION | Normal | Abnormal | * Notes: Describe every abnormality in detail. Clarify in description of clinical picture needed. |
|--|--------|----------|---|
| 1 Head / Neck | / | | Hypertension |
| 2 Eyes | / | | |
| 3 Ears / Nose / Throat | / | | |
| 4 Dental | / | | |
| 5 Chest / Breast | / | | |
| 6 Cardiovascular | / | | |
| 7 Hemopoietic / Lymphatic | / | | |
| 8 Abdomen | / | | |
| 9 Hernias | / | | |
| Gastrointestinal | / | | |
| Endocrine / Metabolic | / | | |
| 12 Nutritional | / | | |
| 13 Upper Extremities | / | | |
| 14 Spine | / | | |
| 15 Lower Extremities | / | | |
| 16 Skin | / | | |
| 17 Rectal / GU | / | | |
| 18 Neurologic | / | | |
| 19 Psychiatric | / | | |
| 20 Medical History Review | / | | |
| 21 Other | | | |
| 22 Comments on available laboratory data | | | |
| VDRL / RPR _____ | | | |
| PPD _____ date _____ results _____ | | | |
| Other _____ date _____ results _____ | | | |
| 23 Comments on current medical regimens | | | |

Comments: _____

Designators

Codes

Modifiers

| P U L S E S | | | | |
|-------------|---|---|---|---|
| 2 | 1 | — | — | 1 |
| 1 | 1 | — | — | A |
| 10 | P | — | — | H |

Date/Time 12-18-00 11:28
H. Counts Jr. MD
H. Counts Jr., MD

| MEDICAL HISTORY AND PHYSICAL ASSESSMENT | | | | | | INMATE'S NAME <i>Coutiniger, Billy</i> | |
|--|-------------------------------------|-------------------------------------|------------------------|-----|-------------------------------------|--|--|
| HISTORY | | | | | | DATE <i>12-14-00</i> | |
| PROBLEMS | Yes | No | PROBLEMS | Yes | No | NURSE'S SIGNATURE <i>Michael Byrnes RN</i> | |
| Hearing | | <input checked="" type="checkbox"/> | Liver | | <input checked="" type="checkbox"/> | EXAM | |
| Balance/Dizziness | | <input checked="" type="checkbox"/> | Kidney Disease | | <input checked="" type="checkbox"/> | Age <i>46</i> | Sex <i>M</i> Race <i>W</i> Ht. <i>5</i> ft <i>8</i> In |
| Blackouts | | <input checked="" type="checkbox"/> | Bladder Infection | | <input checked="" type="checkbox"/> | Wt. <i>209</i> | Pulse <i>84</i> BP <i>143/95</i> Temp <i>96.6</i> |
| D.T.'s | | <input checked="" type="checkbox"/> | Trouble Voiding | | <input checked="" type="checkbox"/> | N A / Comment | |
| Headaches | | <input checked="" type="checkbox"/> | Pediculi (lice) | | <input checked="" type="checkbox"/> | Skin | Color |
| Nervous Disorder <i>(D)</i> | <input checked="" type="checkbox"/> | | Gonorrhea | | <input checked="" type="checkbox"/> | | Condition <i>N</i> |
| Throat | | <input checked="" type="checkbox"/> | Arthritis | | <input checked="" type="checkbox"/> | | Turgor |
| Teeth | | <input checked="" type="checkbox"/> | Stomach Pain | | <input checked="" type="checkbox"/> | | Recent Injury |
| Heart | | <input checked="" type="checkbox"/> | Heartburn | | <input checked="" type="checkbox"/> | Head | Hair |
| Anemia | | <input checked="" type="checkbox"/> | Ulcer | | <input checked="" type="checkbox"/> | | Scalp (pediculi) <i>N</i> |
| Blood | | <input checked="" type="checkbox"/> | Nausea/Vomiting | | <input checked="" type="checkbox"/> | Eyes | Glasses <i>yes</i> |
| Muscle Problem | | <input checked="" type="checkbox"/> | Hay Fever | | <input checked="" type="checkbox"/> | | Pupils <i>Broke them</i> |
| Joint Problem | | <input checked="" type="checkbox"/> | Pneumonia | | <input checked="" type="checkbox"/> | | Sclera |
| Gout | | <input checked="" type="checkbox"/> | | | | | Conjunctiva |
| CHRONIC ILLNESS | YES | NO | DATE OF TEST / ONSET | | | | |
| Seizures | | <input checked="" type="checkbox"/> | | | | | |
| Immunodeficiency | | <input checked="" type="checkbox"/> | | | | | |
| Tuberculosis | | <input checked="" type="checkbox"/> | | | | | |
| Hypertension | <input checked="" type="checkbox"/> | | | | | | |
| Hepatitis | | <input checked="" type="checkbox"/> | | | | | |
| Diabetes | | <input checked="" type="checkbox"/> | | | | | |
| Syphilis | | <input checked="" type="checkbox"/> | | | | | |
| Prior HIV Test | <i>1997</i> | | <i>negative</i> | | | | |
| Homosexual/Bisexual Activities | | <input checked="" type="checkbox"/> | Unprotected sex | | <input checked="" type="checkbox"/> | Nose | |
| | | | Multiple partners | | <input checked="" type="checkbox"/> | Neck | |
| COMMENTS: <i>D. Baker, Atanold</i> <i>D. Depression</i> | | | | | | Veins | |
| FAMILY HISTORY | | | | | | Mobility | |
| Cancer | <input checked="" type="checkbox"/> | | <i>Brother</i> | | | Thyroid | |
| Diabetes | | <input checked="" type="checkbox"/> | | | | Carotids <i>N</i> | |
| Hypertension | <input checked="" type="checkbox"/> | | <i>Sister, Brother</i> | | | Lymph Nodes | |
| Cardiac | <input checked="" type="checkbox"/> | | <i>Father</i> | | | Chest | |
| COMMENTS: | | | | | | Configuration | |
| MENTAL HEALTH ASSESSMENT | | | | | | Auscultation | |
| Orientation (person, place, time) | | | | | | Respirations <i>N</i> | |
| General Appearance (motor behavior, mannerisms) | | | | | | Cough / Sputum | |
| Affect (mood) | | | | | | Heart | |
| Content of thought (history of suicide/present thoughts) | | | | | | Auscultation | |
| | | | | | | Radial Pulses | |
| | | | | | | Apical Pulse <i>N</i> | |
| | | | | | | Rhythm | |
| | | | | | | Extremities | |
| | | | | | | Pulses | |
| | | | | | | Edema <i>N</i> | |
| | | | | | | Joints | |
| | | | | | | Spine <i>N</i> | |
| | | | | | | Abdomen | |
| | | | | | | Shape | |
| | | | | | | Bowel Sounds <i>N</i> | |

SOTERIX²

Information For Patient Management

Soterix Infectious Disease Center
Louis Pasteur
San Antonio, Texas 78229

(210) 692-1411 (210) 615-2060

www.esoterix.com
Elizabeth A. Macias, PhD, ABMM

JOHN R LINDSEY WACKENHUT
ATTN: MEDICAL DEPT.
1137 OLD POST OAK RD
JACKSBORO TX 76458

Phone 940-567-2272 Fax
National Account No. 1000207

Client Name CURTSINGER, BILLY
Client ID 1014350
Session No. 012601-0077-01

SSN
Requisition
Referring Physician DR. COUNTS

Sex M Age
DOB Oct. 05, 1959

Date/Time Reported Jan. 26, 2001 09:05 PM
Specimen

Date/Time Collected Jan. 25, 2001 12:15 AM
Date Received Jan. 26, 2001

TEST

RESULT

REFERENCE RANGE

HIV-1 ANTIBODY
BY EIA

NON-REACTIVE

NORMAL IS "NON-REACTIVE"

THE PRESENCE OF HIV-1 ANTIBODY IS NOT
A DIAGNOSIS OF AIDS. SPECIMENS WHICH ARE
REPEATABLY REACTIVE FOR HIV-1 ANTIBODY

MAY REQUIRE ADDITIONAL TESTING, SUCH AS
ANTIBODY DETECTION BY WESTERN BLOT
TECHNIQUE. A NEGATIVE TEST RESULT DOES
NOT EXCLUDE THE POSSIBILITY OF EXPOSURE
TO, OR INFECTION WITH, HIV-1.

VRU SUGGESTS THAT A SECOND SAMPLE BE
SUBMITTED & TESTED BEFORE ANY PATIENT
IS INFORMED OF A POSITIVE HIV ANTIBODY
STATUS.

Pre 01/19/01
Post 02/06/01

Date/Time 1-30-01
H. Counts Jr, MD
H. Counts Jr, MD

7540 L...
San Antonio, TX 78229
210/692-1411 Fax 210/615-2060
CL1A#45-D0660454
CAP 32769-01

1625-D...
San Antonio, TX 78229
770/934-3558 Fax 770 934-4036
CL1A#1100645796

JOHN R LINDSEY WACKENHUT
ATTORNEY AT LAW
1137 OLD POST OAK RD
JACKSBORO TX 76458

AE: CRUTSINGER, BILLY

ACC. NO.: 01-19-01-0141

RECEIVED: 01/19/01
11:35

REPORTED: 01/19/01
19:51

AGE: 10/05/1954

REQUESTING PHYSICIAN: JOHN R LINDSEY WACKENHUT

PHN: 567-2272

ROUTE:

MALE

OTHER: DR. COUNTS

PHN:

ROUTE:

AL INSTRUCTIONS: 1014350

Elizabeth Macias, PhD, ABMM

Date Collected: 01/18/01 15:15

| TEST | RESULT | REFERENCE RANGE | |
|-----------|--------|-----------------|--------------|
| URIC ACID | 8.2 | 3.3 - 8.5 | MG/DL MALE |
| | | 2.4 - 8.5 | MG/DL FEMALE |

Date/Time 1-19-01
H. Counts Jr. MD
H. Counts Jr. MD
JAN 2 1 2001

LABORATORY DIRECTORS

L, San Antonio

VRL, Atlanta

CMMS

Portable X-Ray & EKG

1011350

| | |
|-------------|----------------------------|
| Name: | Kretzinger, Billy |
| Patient ID: | 70-0000 |
| Inmate No: | |
| Study: | Left Foot |
| Facility: | John R. Lindsey State Jail |
| Physician: | NA |

Left Foot, 01/17/01:

AP, lateral, and oblique views of the left foot were obtained.

There are no fractures, dislocations, periosteal reaction or osteoblastic or lytic lesions demonstrated.

Impression:

No significant post-traumatic or degenerative changes are noted.

Signed:
Fred Laufer, M.D.
January 18, 2001
Electronically signed

FL/kd

Date/Time 1-22-01 12:51
H. Counts Jr, MD
H. Counts Jr, MD

JAN 21

CMMS

Portable X-Ray & EKG

Name: Crutsinger, Billy
Patient ID: 70-4350
Inmate No: 1014350
Study: CXR
Facility: J.R. Lindsay State Jail
Physician: Counts

Chest Radiograph, 01/03/01:

A single PA film of the chest was obtained.

The heart is not enlarged. There are no confluent infiltrates, acute congestive changes, masses, or pleural effusions demonstrated.

Impression:

There is no evidence for active cardiopulmonary pathology or tuberculosis.

Signed:
Fred Laufer, M.D.
January 4, 2001
Electronically signed

FL/kd

JAN - 9

Date/Time 1-9-01
H. Counts Jr MD
H. Counts Jr, MD

VRL

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VIRUS REFERENCE LABORATORIES, INC.

Case 4:07-cv-00703 Document 87-4 Filed 11/03/17 Page 115 of 191

San Antonio, TX 78229

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CL1A #45-D0660454

CAP 32769-01

Stone Mountain, Georgia 30083

770/934-3858 Fax 770/934-4036

CL1A #1100645796

JOHN R. LINDSEY WACKENHUT
1137 OLD POST OAK RD
JACKSBORO TX 76458

JACKSBORO TX 76458

NAME: CRUTSINGER, BILLY

ACC. NO.: 01-06-01-0017

RECEIVED: 01/06/01
09:40REPORTED: 01/07/01
20:30

AGE: 10/05/1954

REQUESTING PHYSICIAN: JOHN R LINDSEY WACKENHUT

PHN: 567-2272

ROUTE:

MALE

OTHER: DR. COUNTS

PHN:

ROUTE:

LAB INSTRUCTIONS:

1014350

Elizabeth Macias, PhD, ABMM

Date Collected: 01/05/01 03:30

| TEST | RESULT | REFERENCE RANGE |
|----------------------|--------|---------------------|
| LIVER FUNCTION TESTS | | |
| ALBUMIN | 4.4 | 2.9 - 5.0 G/DL |
| BILIRUBIN, TOTAL | 0.4 | LESS THAN 1.5 G/DL |
| BILIRUBIN, DIRECT | 0.1 | LESS THAN 0.3 MG/DL |
| ALKALINE PHOSPHATASE | 84 | 43 - 132 U/L |
| SGOT (AST) | 17 | 5 - 35 U/L |
| SGPT (ALT) | 19 | 7 - 56 U/L |
| PROTEIN, TOTAL | 7.9 | 6.0 - 8.4 G/DL |

Date/Time 1-9-01
H. Counts Jr. MD
H. Counts Jr. MD

JAN - 9 2001

LABORATORY DIRECTORS

VRL, San Antonio

VRL, Atlanta



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SOTERIX Company

Case 4:07-cv-00703-L

Document 87-4

Filed 11/03/17

Page 116 of 109

JOHN R LINDSEY WACKENHUT

1137 OLD POST OAK RD

JACKSBORO

TX 76458

210/692-1411 Fax 210/615-2060

770/934-3558 Fax 770/934-4036

CL1A#45-00660454

CL1A#11D0645796

CAP 32769-01

NAME: CRUTSINGER, BILLY

ACC. NO.: 12-22-00-0204

RECEIVED: 12/22/00 11:49

REPORTED: 12/22/00 21:29

PAGE: 10/05/1959

REQUESTING PHYSICIAN: JOHN R LINDSEY WACKENHUT

PHN: 567-2272

ROUTE:

MALE

OTHER: DR. COUNTS

PHN:

ROUTE:

SPECIAL INSTRUCTIONS:

1014350

Elizabeth Macias, PhD, ABMM

Date Collected: 12/21/00 03:05

| TEST | RESULT | REFERENCE RANGE |
|----------------------|--------|----------------------|
| CHEM PROFILE W/HDL | | |
| GLUCOSE, SERUM | 91 | 65 - 110 MG/DL |
| BUN | 13.6 | 8.0 - 25.0 MG/DL |
| CREATININE, SERUM | 1.0 | 0.6 - 1.3 MG/DL |
| BUN/CREATININE RATIO | 14 | 6 - 28 RATIO |
| URIC ACID | 8.7 ** | 3.3 - 8.5 MG/DL |
| | | 2.4 - 8.5 MG/DL |
| | | 133 - 146 MEQ/L |
| SODIUM | 143 | 3.5 - 5.3 MEQ/L |
| POTASSIUM | 4.4 | 97 - 110 MEQ/L |
| CHLORIDE | 103 | 18 - 30 MEQ/L |
| CARBON DIOXIDE (CO2) | 27 | 8.5 - 10.5 MEQ/L |
| CALCIUM | 9.9 | 3 - 6 MEQ/L |
| PHOSPHORUS | 5 ** | 2.2 - 4.5 MEQ/L |
| | | LESS THAN 200 MG/DL |
| CHOLESTEROL, TOTAL | 158 | LESS THAN 150 MG/DL |
| TRIGLYCERIDE | 363 ** | 44 OR GREATER MG/DL |
| CHOLESTEROL, HDL | 23 ** | 54 OR GREATER MG/DL |
| | | LESS THAN 130 MG/DL |
| CHOLESTEROL, LDL | 77 | LESS THAN 3.55 RATIO |
| LDL/HDL RATIO | 3.30 | 6.0 - 8.4 G/DL |
| PROTEIN, TOTAL | 7.8 | 2.9 - 5.0 G/DL |
| ALBUMIN | 4.3 | 2.8 - 3.8 G/DL |
| GLOBULIN, SERUM | 3.5 | 0.9 - 2.5 RATIO |
| A/G RATIO | 1.2 | LESS THAN 1.5 MG/DL |
| BILIRUBIN, TOTAL | 0.3 | LESS THAN 1.0 MG/DL |
| | | 43 - 500 U/L |
| ALKALINE PHOSPHATASE | 90 | 43 - 132 U/L |
| | | 7 - 70 U/L |
| GGT | 52 | 5 - 60 U/L |
| SGOT (AST) | 23 | 7 - 56 U/L |
| SGPT (ALT) | 26 | 60 - 225 U/L |
| LDH | 165 | 35 - 150 UG/DL |
| IRON | 69 | |

Date/Time 12-26-00 11:49
H. Counts Jr. MD
H. Counts Jr. MD

LABORATORY DIRECTORS

VRL, San Antonio

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San Antonio, Tex. 78229

210/692-1411 Fax 210/615-2060

CLIA #45-D0660454

CAP 32769-01

Stone Mountain, Georgia 30083

770/934-3858 Fax 770/934-4036

CLIA #11C0645796

NAME: CRUTSINGER, BILLY

ACC. NO. 12-20-00-0157

RECEIVED: 12/20/00 11:10

REPORTED: 12/21/00 06:48

B/AGE: 10/05/1954

REQUESTING PHYSICIAN: JOHN R LINDSEY WACKENHUT

PHN: 567-2272

ROUTE:

MALE

OTHER: DR. COUNTS

PHN:

ROUTE:

SPECIAL INSTRUCTIONS:

1014350

Elizabeth Macias, PhD, ABMM

Date Collected: 12/14/00 20:00

| TEST | RESULT | REFERENCE RANGE |
|------|--------------|---|
| RPR | NON-REACTIVE | NORMAL IS "NON-REACTIVE" THIS IS A SCREENING TEST ONLY. ALL REACTIVE SPECIMENS SHOULD BE CONFIRMED BY AN "FTA" OR OTHER TREPONEMAL SPECIFIC TEST. |

22 2000
KARLA ROBERTS LVN

TDCJ-HEALTH SERVICES TUBERCULOSIS PATIENT MONITORING RECORD

NAME Crutzing, Billy FACILITY P.N. TDCJ# 1014320

| | Drug Start | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 |
|-------------------|------------|----------|----------|----------|----------|----------|----------|---------|---------|---------|
| Date | 01/08/01 | 01/31/01 | 02/28/01 | 03/30/01 | 04/27/01 | 05/31/01 | 06/28/01 | | | |
| Weight | 207 | 207 | 212 | 213 | 210 | 213 | 212 1/2 | | | |
| Patient Education | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| HIV Test Done | 01/19/01 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Drug compliance* | | 7/7 | 8/8 | 9/9 | 9/9 | 9/9 | 8/8 | | | |
| X-ray done | 01/03 | — | — | — | — | — | — | | | |
| Sputum done | NA | NA | NA | NA | NA | NA | NA | | | |
| ALT or AST | 19/17 | — | — | — | — | — | — | | | |
| Nausea | — | φ | φ | φ | φ | φ | φ | | | |
| Vomiting | — | φ | φ | φ | φ | φ | φ | | | |
| Abdominal Pain | — | φ | φ | φ | φ | φ | φ | | | |
| Dark Urine | — | φ | φ | φ | φ | φ | φ | | | |
| Jaundice | — | φ | φ | φ | φ | φ | φ | | | |
| Rash | — | φ | φ | φ | φ | φ | φ | | | |
| Paresthesia | — | φ | φ | φ | φ | φ | φ | | | |
| Vision change | — | φ | φ | φ | φ | φ | φ | | | |
| Hearing change | — | φ | φ | φ | φ | φ | φ | | | |
| Visual acuity** | — | φ | — | — | — | — | — | | | |
| Audiogram*** | — | φ | — | — | — | — | — | | | |
| Initials | WJH | WJH | WJH | WJH | WJH | WJH | WJH | | | |

* Record compliance as (number of doses actually taken)/(number of doses expected). For example, in a 4-week period, a person on twice weekly therapy would be expected to take 8 doses of meds. If he only took 6, then compliance would be recorded as 6/8.

** Visual acuity recommended as baseline on everybody on TB drugs and monthly on persons on daily ethambutol

*** Audiogram is recommended monthly for persons on streptomycin or other ototoxic drugs only

If treatment extends past 9 months, use a second sheet to continue documentation of toxicity checks.

HSM-19 (6/99)

M. Nichols, R.N.

M. Nichols, L.V.N.R.P.

Name Crutinger, Billy (Last) (First) (M.I.) DOB 10/10/54 SSN# HT
P.O. Box 99, Huntsville, Walker 77340 Street Apt. # City County Zip Code
P.N. Counts Clinic or Physician P's. Tel. #
Temp Pulse

1014350

| GN/SYMPTOMS AT DX | HIV TEST RESULTS | ANERGY TESTING |
|---|--|--|
| ver <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <u>01/19/01</u> MM DD YY | 1 <input type="checkbox"/> Anergic 2 <input checked="" type="checkbox"/> Not Anergic |
| ills <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 1 <input checked="" type="checkbox"/> Negative | BCG 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No MM DD YY |
| ough <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 2 <input type="checkbox"/> Positive | |
| roductive) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 3 <input type="checkbox"/> Pending | |
| emoptysis <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 4 <input type="checkbox"/> Not Offered | |
| ght Sweats <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 5 <input type="checkbox"/> Refused | |
| ight Loss (10%) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | |
| her | | |

TEST 12/16/00 Date
☐ Negative mm
☒ Positive 18 mm
Previous Result mm ☐ Pos mm
Reason for PPD Test
1 ☐ Contact
2 ☐ Employment
3 ☐ Group Risk
4 ☒ Individual Risk

for Preventive Therapy ☐ Yes ☒ No Start Date mm/dd/yy
for Therapy ☐ Yes ☒ No Start Date mm/dd/yy
Classification ☒ New Case ☐ Recurrent
0 ☐ No M.TB Exposure, Not TB Infected
1 ☐ M.TB Exposure, No Evidence of TB Infection
2 ☒ M.TB Infection, No Disease
3 ☐ M.TB Infection, Current Disease
4 ☐ M.TB, No Current Disease
☐ M.TB Suspect, Diagnosis Pending
☐ Non M.TB (List Type)
Infectant Site: (Class 3, 4, and NON-M.TB)
30 ☐ Pulmonary 30 ☐ Bone and/or Joint
10 ☐ Pleural 40 ☐ Genitourinary
20 ☐ Lymphatic 50 ☐ Miliary
21 ☐ Cervical 60 ☐ Meningeal
22 ☐ Intrathoracic 70 ☐ Peritoneal
23 ☐ Other 80 ☐ Other (Specify)

Significant Sites other than Predominant:
the diagnosis:

REATMENT 01/08/01 Drug Stop mm/dd/yy
Drug Start mm/dd/yy Stop mm/dd/yy
OT 1 ☒ No 2 ☐ Observed & Self-Administered
3 ☐ Total Observed 4 ☐ DOT Recommended 5 ☐ Unknown
OT Location: 1 ☐ Clinic 2 ☐ Field 3 ☐ Both 4 ☐ Hospital 5 ☐ Unknown
Reason for Drugs: 1 ☐ Therapy 2 ☒ Preventive Therapy
Total Dose: 1 ☐ Daily 2 ☒ Twice Weekly 3 ☐ Three X's Weekly
☒ Isoniazid 900 mgs A ☐ Capreomycin mm mgs
☐ Rifampin mm mgs B ☐ PAS mm mgs
☐ Comb (INH + RIF) mm mgs C ☐ Amikacin mm mgs
☐ Pyrazinamide mm mgs D ☐ Rifabutin mm mgs
☐ Ethambutol mm mgs E ☐ Ciprofloxacin mm mgs
☐ Streptomycin mm mgs F ☐ Ofloxacin mm mgs
☐ Ethionamide mm mgs ☐ Other (Specify) mm mgs
☐ Kanamycin mm mgs ☐ 6 20 mgs
☐ Cycloserine mm mgs

prescribed For (In Months) ☐ 3 ☒ 6 ☐ 9 ☐ 12 ☐
Maximum Refills Authorized: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☒ 6 ☐ 9

CURE mm/dd/yy (Date)
Completion of Adequate Therapy mm # of months on Rx 2 ☐ Non-TB
Lost 4 ☐ Refused Supervision 5 ☐ Supervision No Longer Required
☐ Deceased (Cause) mm 7 ☐ Moved Out of State To mm
☐ Adverse Drug Reaction 9 ☐ Pregnant
EOPEN mm/dd/yy (Date)
☐ Patient Located 2 ☐ Supervision Requested
☐ Returned to County from Another State
(Specify mm)

CHEST X-RAY 01/02/01
MM DD YY
1 ☒ No Evidence of TB Disease ☐ Not Done
☐ Abnormal with TB Disease ☐ Abnormal
2 ☐ Cavitory 1 ☐ No change
3 ☐ Non-cavitory 2 ☐ Worsening
4 ☐ Hilar Lymphadenopathy 3 ☐ Improving
5 ☐ Not Indicated 4 ☐ Unknown

BACTERIOLOGY ☐ M.TB ☐ NMTB
SMEAR RESULTS Current mm/dd/yy
1 ☐ Negative Last Positive mm/dd/yy
2 ☐ Positive Last Positive mm/dd/yy
3 ☐ Pending Last Negative mm/dd/yy
4 ☒ Not Done Last Negative mm/dd/yy

SPECIMEN SOURCE
1 ☐ Natural 4 ☐ Bronchial Lavage
2 ☐ Induced 5 ☐ Biopsy (Specify) mm
3 ☐ Gastric 6 ☐ Other (Specify) mm

SUSCEPTIBILITY RESULTS: Date of Last Isolate mm/dd/yy
SPEC # mm Resistant Susceptible Not Done Unknown
Isoniazid ☐ ☐ ☐ ☐
Rifampin ☐ ☐ ☐ ☐
Pyrazinamide ☐ ☐ ☐ ☐
Ethambutol ☐ ☐ ☐ ☐
Streptomycin ☐ ☐ ☐ ☐
Ethionamide ☐ ☐ ☐ ☐
Kanamycin ☐ ☐ ☐ ☐
Cycloserine ☐ ☐ ☐ ☐
Capreomycin ☐ ☐ ☐ ☐
PAS ☐ ☐ ☐ ☐
Amikacin ☐ ☐ ☐ ☐
Rifabutin ☐ ☐ ☐ ☐
Ciprofloxacin ☐ ☐ ☐ ☐
Ofloxacin ☐ ☐ ☐ ☐

Hospitalization Advised: 1 ☐ Yes 2 ☒ No
Quarantine Advised: 1 ☐ Yes 2 ☒ No
Warning Letter mm/dd/yy
Court Action mm/dd/yy
Return for x-ray: mm/dd/yy
Collect next sputum on: mm/dd/yy
Other lab studies: mm/dd/yy
Return to MD Clinic on: mm/dd/yy
Return to Nurse clinic on: mm/dd/yy
Failed appointment on: mm/dd/yy
of Days OFF Drugs: mm
Mths on Rx: mm
Compliant: Yes ☐ No ☐
M. Nichols, LSW 01/31/01
Nurse Signature Date

Physician Signature mm/dd/yy Date
Authorize nurse to obtain informed consent
Authorize nurse to skin test contacts

General Comments:
mm/dd/yy

☐ Report
☐ Change (**See Below)
☐ Follow-Up
☐ Admission or Discharge (Hosp. Use)

_____ Medicaid # _____ ID # 1014354 DOB 01/05/54
MM DD YY

Name Crutainger, Billy
(Last) (First) (M.I.) AKA
(Last) (First)

P.O. Box 99, Huntsville, Walker 77340
Street Apt. # City County Zip Code Pt's Tel. #

Clinic or Physician Name P.N. Counts

** ☐ Change Name to: _____
** ☐ Change Address to: _____
** ☐ Change Other to (Specify): _____

Country of Origin U.S. Reported Out of State 1 ☐ Yes 2 ☒ No
Date of Entry into U.S. MM/DD/YY 1 ☐ Yes 2 ☒ No
TB Primary Cause of Death 1 ☐ Yes 2 ☒ No

| REPORTING SOURCE | SEX | RACE | MARITAL STATUS |
|---|--|---|---|
| 1 <input type="checkbox"/> Self Referral | 1 <input checked="" type="checkbox"/> Male | 1 <input checked="" type="checkbox"/> White | 1 <input checked="" type="checkbox"/> Married |
| 2 <input type="checkbox"/> Health Dept., Incl. Local | 2 <input type="checkbox"/> Female | 2 <input type="checkbox"/> Black | 2 <input type="checkbox"/> Single |
| 3 <input type="checkbox"/> Private Physician | | 3 <input type="checkbox"/> Asian/Pacific | 3 <input type="checkbox"/> Divorced |
| 4 <input type="checkbox"/> Public (State/City) Hosp. | | 4 <input type="checkbox"/> Amer. Ind./Alaskan | 4 <input type="checkbox"/> Widowed |
| 5 <input type="checkbox"/> VA Hospital | | 5 <input type="checkbox"/> Unknown | |
| 6 <input type="checkbox"/> Military Hospital | | | YEARS OF EDUCATION |
| 7 <input type="checkbox"/> Private Hospital | | | 0 <input type="checkbox"/> None |
| 8 <input checked="" type="checkbox"/> Other (Specify) | | | 1 <input type="checkbox"/> 1-8 |
| | | | 2 <input checked="" type="checkbox"/> 9-12 |
| | | | 3 <input type="checkbox"/> 13-16 |
| | | | 4 <input type="checkbox"/> 17-18 |
| | | | 5 <input type="checkbox"/> 19+ |

| OCCUPATION | ETHNICITY |
|--|---|
| 1 <input type="checkbox"/> Health Care Worker | 1 <input type="checkbox"/> Hispanic |
| 2 <input type="checkbox"/> Correctional Employee | 2 <input type="checkbox"/> Non-Hispanic |
| 3 <input type="checkbox"/> Migrant/Farm Worker | 3 <input checked="" type="checkbox"/> Unknown |
| 4 <input type="checkbox"/> Day Care | |
| 5 <input type="checkbox"/> Other | |
| 6 <input type="checkbox"/> Unemployed w/in 24 months | |
| 7 <input checked="" type="checkbox"/> Unknown | |

Resident of Correctional Facility at Time of Dx: 1 ☒ Yes 2 ☐ No 3 ☐ Unknown
1 ☐ Federal Prison 2 ☐ State Prison 3 ☐ County Jail 4 ☐ City Jail 5 ☐ Juvenile Correction Facility 6 ☒ Other 7 ☐ Unknown
Resident of Long Term Care Facility at Time of Dx: 1 ☐ Yes 2 ☒ No 3 ☐ Unknown
If Yes 1 ☐ Nursing Home 2 ☐ Hospital-Based Facility 3 ☐ Residential Facility 4 ☐ Mental Health Residential Facility
5 ☐ Alcohol/Drug Treatment Facility 6 ☐ Other Long Term Care Facility

| GROUP RISKS | INDIVIDUAL RISKS |
|--|--|
| 1 <input type="checkbox"/> Prison/Jail Employee | 1 <input type="checkbox"/> Diabetes Mellitus |
| 2 <input checked="" type="checkbox"/> Prison/Jail Inmate | 2 <input type="checkbox"/> Alcohol Abuse (Within the Last Year) |
| 3 <input type="checkbox"/> Nursing Home Employee | 3 <input type="checkbox"/> Silicosis |
| 4 <input type="checkbox"/> Nursing Home Patient | 4 <input type="checkbox"/> Corticosteroids |
| 5 <input type="checkbox"/> School Employee | 5 <input type="checkbox"/> Gastric Resection |
| 6 <input type="checkbox"/> School Student | 6 <input type="checkbox"/> Drug Abuse (Within Last Year) |
| 7 <input type="checkbox"/> Hospital Employee | <input type="checkbox"/> Injecting |
| 8 <input type="checkbox"/> Hospital Patient | <input type="checkbox"/> Non-Injecting |
| 9 <input type="checkbox"/> Homeless | <input type="checkbox"/> Unknown |
| A <input type="checkbox"/> Migrant/Farm Worker | 7 <input type="checkbox"/> HIV Seropositive (Check only if Laboratory Confirmed) |
| B <input type="checkbox"/> Foreign-Born | 8 <input type="checkbox"/> Other (Specify) |
| C <input type="checkbox"/> None Apply | 9 <input checked="" type="checkbox"/> None Apply |

ATTACHMENT F
INFORMATION SHEET

You have been given information about your illness and will be receiving medications either every day ____ or twice a week X . Your medications may be changed by your doctor at some time during your treatment which can take six to nine months to complete. Because it is extremely important that you take your medications regularly, you will come to the medical department to receive your medication directly from the nurse or medication aide. It may be necessary for him/her to make sure you have been able to swallow your medicine and you will be asked to sign your name each time you take it.

Your illness can be cured, but you must take responsibility for helping yourself to get well. If you fail to take your medicine regularly, you could become very ill, and your present medications may no longer help you.

Every month you will be seen in the clinic and you should report any unusual symptoms at that time. You may also need lab results at that time.

The following procedure must be followed on this unit for you to report to the medical department.

Drop SCL

X Billy Jack Crutinger
Patient Signature Date
ID# 1014320 01/19/01

M. Nichols, RN
Health Care Worker's Signature

01/19/01
Date

M. Nichols, RN

ORIGINAL MUST BE PLACED IN PATIENT MEDICAL RECORD
COPY GIVEN TO PATIENT

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION
TUBERCULOSIS HISTORY AND CLASSIFICATION

- 1 Age _____
- 2 PPD 18 mm Date 12, 16, 00
- 3 Chest X-Ray: Within normal limits _____ Abnormal _____ Date _____
- 4 no History of previous exposure to TB
- Name _____ Start Date _____ End Date _____
- Name _____ Start Date _____ End Date _____
- Name _____ Start Date _____ End Date _____
- 5 no History of chemoprophylaxis
- Start date _____ End Date _____ # months continuous treatment _____
- 6 no History of chemotherapy
- Start date _____ End Date _____ # months continuous treatment _____
- 7 no Prolonged steroid therapy
- 8 no Prolonged immunosuppressive therapy
- 9 no Reticuloendothelial or hematologic diseases, such as leukemia and/or Hodgkin's Disease
- 10 no Diabetes Mellitus
- 11 no Silicosis
- 12 no Post-gastrectomy or other clinical situations associated with malnourishment
- 13 no Chronic hemodialysis
- 14 no Acute hepatitis
- 15 no HIV seropositive
- 16 no Prior IV drug abuse
- 17 no Male to male sexual contact

_____ Class 0, No TB exposure, not infected

_____ Class 1, TB exposure, no infection

☒ Class 2, TB infection, without disease

_____ Class 3, TB current disease

_____ Class 4, TB no current disease

_____ Class 5, TB suspect

INMATE NAME

Carrington, Betty

TDCJ-ID #

1014350

WCC**IMMUNIZATION RECORD**INMATE NAME: Cruisinger, Billy

JOHN R. LINDSEY STATE JAIL

INMATE NUMBER: 1014390

MEDICAL DEPARTMENT

INMATE D.O.B.: 10-5-54**TUBERCULIN SKIN TEST**

*All abnormalities (>10mm) must be addressed in the Nurse's Progress Notes

| DATE GIVEN | MFG & LOT # | SITE I.D. 0.1CC | NURSE INITIALS (GIVING) | DATE READ | MILLIMETERS OF DURATION | NURSE INITIALS (READ BY) |
|-------------|-------------------|-----------------|-------------------------|-----------|-------------------------|--------------------------|
| DEC 14 2000 | CO158XA P.M.C. | Lt. forearm | OC | 12-16-00 | 18mm 12-16-00 | mmj |
| | | | | | | |
| | | | | | | |

TETANUS TOXOID VACCINATION AND DIPHTHERIA

| DATE GIVEN | MFG & LOT # | SITE I.M. 0.5CC | NURSE INITIALS (GIVING) | REACTION | COMMENTS |
|-------------|--------------------|-----------------|-------------------------|----------|----------|
| DEC 14 2000 | 40342AA Aventis | Rt deltoid | OC | | |
| | | | | | |

TETANUS BOOSTERS

| DATE GIVEN | MFG & LOT # | SITE I.M. 0.5 CC | NURSE INITIALS (GIVING) | REACTION | COMMENTS |
|------------|-------------|------------------|-------------------------|----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

OTHER VACCINATIONS

| DATE GIVEN | MFG & LOT # | SITE & DOSAGE | TYPE OF IMMUNIZATION | NURSE INITIALS (GIVING) | REACTION | COMMENTS |
|------------|------------------------------|---------------------|----------------------|-------------------------|----------|----------|
| 01/19/01 | merck SmithKline 12163 | 0.5ml. R deltoid | Pneumovac. | mmj | φ | — |
| 01/19/01 | Wyeth 4008230 | 0.5ml. L deltoid | flu-Vac. | mmj | φ | |
| 01/19/01 | SmithKline P103382A4 | 0.5ml. L deltoid | flu-B-Vac | mmj | φ | #1 |

NURSE'S SIGNATURE

NURSE'S STAMP

NURSE'S INITIAL

Michael Byrnes RN

M. Nichols, LVN #39

2

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Microfilm flag

Dental

DENTAL RECORD

DENTAL SERVICES RENDERED

DENTAL HEALTH RECORD CONTINUATION SHEET

2

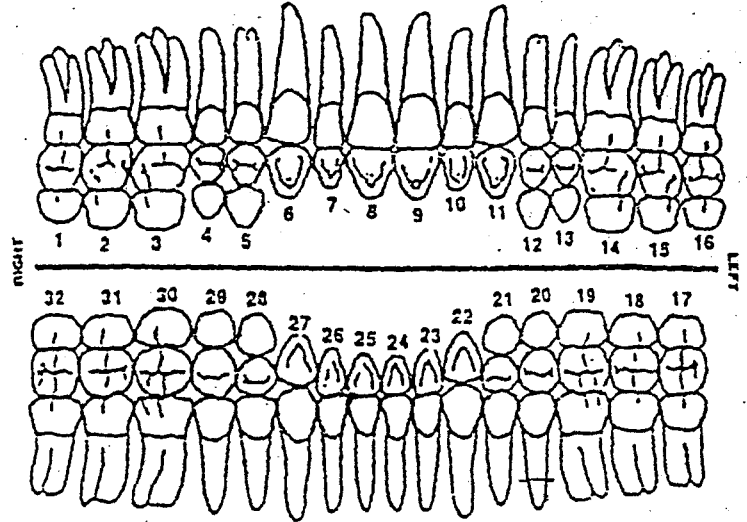
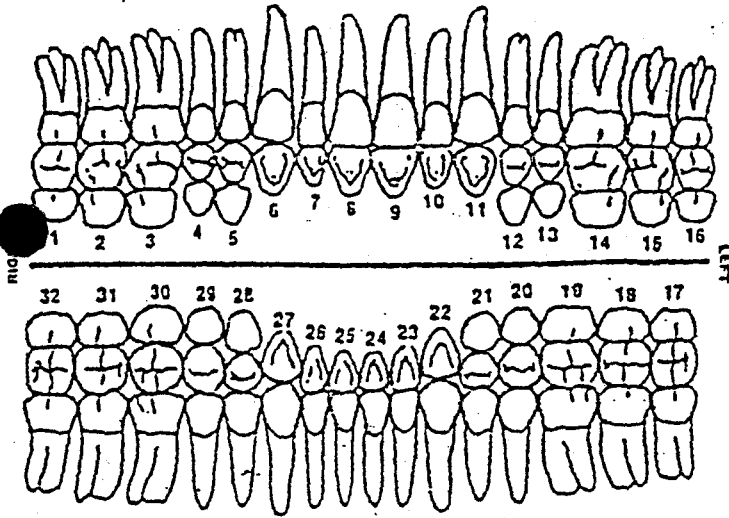
PATIENT IDENTIFICATION

HEALTH SERVICES
DENTAL HEALTH RECORD

SUBSEQUENT EXAMINATION

RESTORATION & TREATMENT (complete in ink)

DISEASES & ABNORMALITIES (complete in pencil)



REMARKS:

TREATMENT PLAN

DATE: _____

TX Eligibility Date _____ PERIO TYPE _____

Has a doctor ever told you you have:

DENTAL/MEDICAL HISTORY

| | Y | N | | Y | N | | Y | N |
|------------------------|---|---|-----------------------------|---|---|---------------------------------|---|---|
| 1. Heart Problems | - | | 6. Artificial Joints/Valves | | | 11. Asthma/Respiratory Problems | | |
| 2. Heart Murmur | | | 7. Rheumatic Fever | | | 12. Allergic to Medications | | |
| 3. High Blood Pressure | | | 8. Hepatitis/Liver Disease | | | 13. Taking Medications | | |
| 4. Diabetes | | | 9. Uncontrolled Bleeding | | | 14. (Women) Pregnant | | |
| 5. Epilepsy | | | 10. Stomach Ulcers | | | 15. Other | | |

REMARKS: (continue on reverse):

Dental/Medical History Updated with each new provider (Dentist/Hygienist) and annually

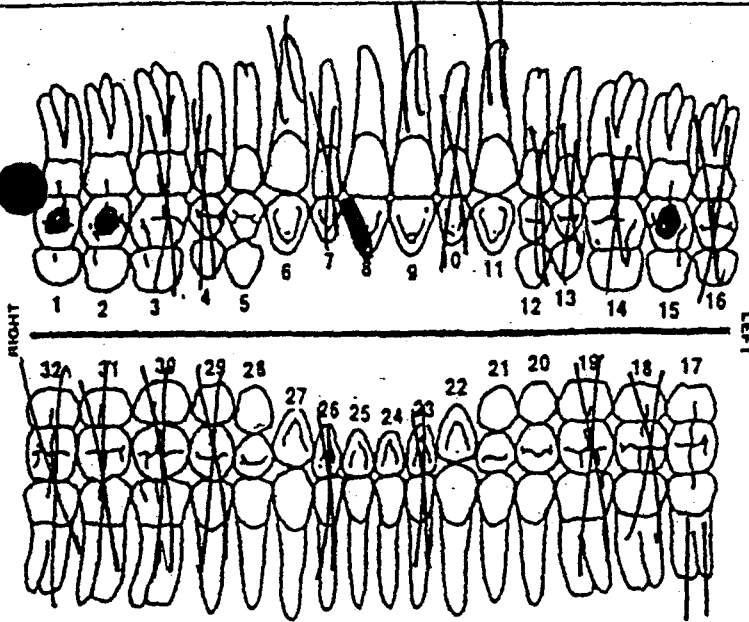
[illegible]

Cruzinger, Billy 101435D

HEALTH SERVICES
DENTAL SERVICES RECORD

I. PATIENT IDENTIFICATION

MISSING TEETH; DISEASES; ABNORMALITIES



PROVISIONAL PERIODONTAL TYPE

CIRCLE ONE

I

II

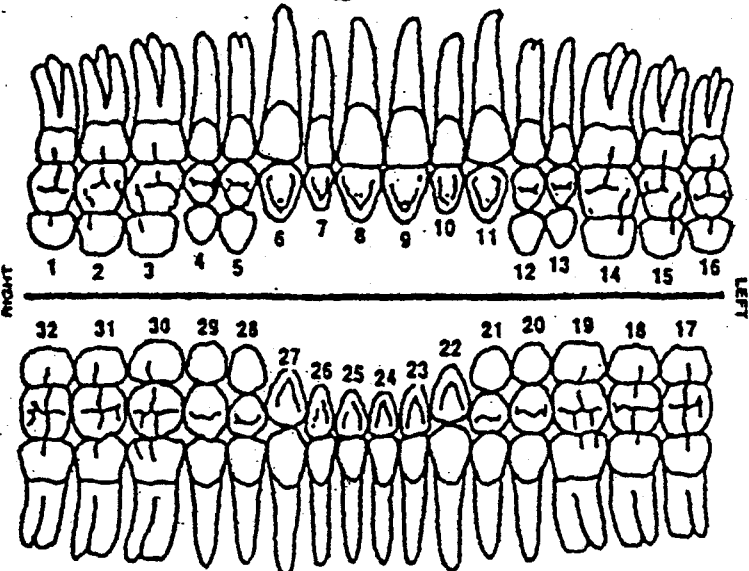
III

IV

X-ray used in this examination: Panoraph: _____ Other (specify) _____

If no pano taken during examination complete below:

EXISTING RESTORATION & TREATMENTS



INPROCESSING EXAMINATION

DENTAL/MEDICAL HISTORY

Has a doctor ever told you you have:

| | Y | N | | Y |
|-----------------------------|---|---|---------------------------------|---|
| 1. Heart Problems | | | 9. Uncontrolled Bleeding | |
| 2. Heart Murmur | | | 10. Stomach Ulcers | |
| 3. High Blood Pressure | | | 11. Asthma/Respiratory Problems | |
| 4. Diabetes | | | 12. Allergic to Medications | |
| 5. Epilepsy | | | 13. Taking Medications | |
| 6. Artificial Joints/Valves | | | 14. (Women) Pregnant | |
| 7. Rheumatic Fever | | | 15. Other | |
| 8. Hepatitis/Liver Disease | | | | |

REMARKS:

#3 Mads - Doesn't know name
Mod Cal.

CANCER SCREEN+

NO EXISTING
RESTORATIONS
OR TREATMENTS

Serviceable existing prostheses? _____

OVERALL PRIORITY

CIRCLE ONE

1

2

3

4

Place of Examination: _____

LN

Date/Time: 12-15-00

Signature of Dentist: _____

K. R. RUSSELL, D.D.S.

PRIDE of Florida, Inc.
Broward Division
Post Office Box 8540
Pembroke Pines, FL 33024

OPTICAL LABORATORY ORDER

MEDICAID I.D. # 1014350

No 641082

| | | | | | | | | | | |
|---|--------|-------------|----------|---|-----------------------------|------------------|---------------|-------------------------|------|----|
| RECIPIENT NAME CRUTSINGER, Billy | | | | | | | | | | |
| BIRTHDATE | | MO | DAY | YR | DATE OF SERVICE BY PROVIDER | | | MO | DAY | YR |
| | | 10 | 05 | 54 | | | | 4 | 03 | 01 |
| DISTANCE | SPHERE | | CYLINDER | | AXIS | | PRISM | | BASE | |
| | R -125 | | -100 | | 090 | | | | | |
| | L -150 | | -75 | | 085 | | | | | |
| | | | | | | | | | | |
| ADD | R +150 | | P.D. | | BIFOCAL TYPE | | TRIFOCAL TYPE | | | |
| | L +150 | | 68 | | FT 28 | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| SEG. INSET | | TOTAL INSET | | SEG. WIDTH | | NEAR SEG. HEIGHT | | OVERALL TRIFOCAL HEIGHT | | |
| | | | | 28 | | 20 | | | | |
| FRAME STYLE | | SP83 | | HEAT TREATED AND TESTED IN ACCORDANCE WITH FDA REGULATION | | | | | | |
| FRAME COLOR | | Grey | | | | | | | | |
| EYE SIZE | | 52 | | | | | | | | |
| BRIDGE SIZE | | 20 | | TEMPLE LENGTH | | INITIAL | | | | |
| | | | | 575 | | | | | | |
| DELIVER TO | | | | | PROFESSIONAL SIGNATURE | | | | | |
| | | | | | | | | | | |
| | | | | | PROVIDER NO: | | | | | |
| | | | | | PHONE NUMBER | | | | | |
| | | | | | 940-567-2272 X270 | | | | | |
| | | | | | DATE | | | | | |
| | | | | | | | | | | |
| SPECIAL INSTRUCTION | | | | | | | | | | |

WCC - J.R. LINDSEY UNIT
1137 OLD POST OAK RD.
JACKSBORO, TX. 76458

Account # 501349

TO THE PROFESSIONS
PLEASE SUPPLY THE & NECESSARY MEASUREMENTS
FOR FABRICATION AND RETAIN THIS COPY

OPTICAL ORDER (7/83)

PBO-2069

SF 30900048

8/20

Examination

DATE 4-3-01 PATIENT CRUSINGER, Bruce SEX M F DOB 46 LAST EXAM _____
 CHIEF COMPLAINT DIST/Near Blur

HISTORY

| | |
|--|--|
| HPI: • Symptoms: <u>DIST/Near Blur</u> • Location: • Quality: • Severity: • Duration: • Timing: • Context: • Modifiers: | • Allergies: • Medications: • Ocular ROS: • Medical History & ROS from <u>1 / 1</u> reviewed: <input type="checkbox"/> no changes (DATE) (OO INITIA) |
|--|--|

EXAMINATION

| | | | | | |
|---|--|---|--|--|---|
| • Head/Face <input type="checkbox"/> nl | | • Psych: Mood/Affect (anxiety/agitation/depression) <input type="checkbox"/> nl | | • Neuro: Oriented (person/time/place) <input type="checkbox"/> y | |
| VA | DIST <u>20/70</u> SC <u>40</u> | NEAR <u>20/</u> SC <u>40</u> | DIST <u>20/</u> CC <u>40</u> | NEAR <u>20/</u> CC <u>40</u> | PIN HOLE <u>20/</u> |
| K: | OD _____ OS _____ OD <u>-1.00-1.25x093</u> OS <u>-6.50-0.75x085</u> | OLD RX: | OD <u>?</u> OS <u>?</u> | add _____ add _____ | |
| AR: | OD _____ OS _____ | REF: | OD <u>-1.25-1.00x090 20/20</u> OS <u>-1.50-0.75x085 20/20</u> | add <u>+1.50</u> add _____ | |
| CVF: | <input type="checkbox"/> nl | PPAC: | ADNEXA / EYELIDS: <input type="checkbox"/> nl | | |
| MOTILITY: | <input type="checkbox"/> Full | NEAR: | <input type="checkbox"/> Blepharitis | OD | OS |
| PHORIA: | DIST: <u>0, 0</u> | | <input type="checkbox"/> Meibomianitis | OD | OS |
| PUPILS: | <input type="checkbox"/> no afferent defect | <input type="checkbox"/> round OU | Size: OD _____ OS _____ | | <input type="checkbox"/> Ind. <input type="checkbox"/> 14C <input type="checkbox"/> 28C <input type="checkbox"/> 78C <input type="checkbox"/> 90C <input type="checkbox"/> 3 M <input type="checkbox"/> 0 |
| SLE: | OD <input type="checkbox"/> nl <input type="checkbox"/> FBUT: _____ <input type="checkbox"/> nl <input type="checkbox"/> arcus <input type="checkbox"/> nl <input type="checkbox"/> pterygium <input type="checkbox"/> nl <input type="checkbox"/> injection <input type="checkbox"/> nl <input type="checkbox"/> pinguecula <input type="checkbox"/> D&Q <input type="checkbox"/> <input type="checkbox"/> nl <input type="checkbox"/> rubeosis <input type="checkbox"/> clear <input type="checkbox"/> | TEAR FILM CORNEA SCLERA CONJ. AC IRIS LENS | OS <input type="checkbox"/> nl <input type="checkbox"/> FBUT: _____ <input type="checkbox"/> nl <input type="checkbox"/> arcus <input type="checkbox"/> nl <input type="checkbox"/> pterygium <input type="checkbox"/> nl <input type="checkbox"/> injection <input type="checkbox"/> nl <input type="checkbox"/> pinguecula <input type="checkbox"/> D&Q <input type="checkbox"/> <input type="checkbox"/> nl <input type="checkbox"/> rubeosis <input type="checkbox"/> clear <input type="checkbox"/> | RETINA: | OD <input type="checkbox"/> nl <input type="checkbox"/> drusen <input type="checkbox"/> nl <input type="checkbox"/> RPE chngs <input type="checkbox"/> nl <input type="checkbox"/> PVD <input type="checkbox"/> nl <input type="checkbox"/> |
| | | | | MACULA VESSELS VITREOUS PERIPHERY | OS <input type="checkbox"/> nl <input type="checkbox"/> drusen <input type="checkbox"/> nl <input type="checkbox"/> RPE chngs <input type="checkbox"/> nl <input type="checkbox"/> PVD <input type="checkbox"/> nl <input type="checkbox"/> |
| | | | | OPTIC DISCS: | OD <input type="checkbox"/> nl <input type="checkbox"/> SIZE/APPEARANCE/NFL <input type="checkbox"/> CO |
| | | | | | OS <input type="checkbox"/> nl <input type="checkbox"/> |

T22, 19 @ _____ NCT (METHOD) DILATED: M .5% 1% C 1% 2% N 2.5% 10% OU @ _____

DIAGNOSIS / PLAN Myopia
Presbyopia / SpectRx

RTO:

| | Sphere | Cylinder | Axis | Prism | Add |
|------|--------|----------|------|-------|-------|
| O.D. | -1.25 | -1.00 | 090 | | +1.50 |

WFA

3

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION.

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EYE

VISUAL ACUITY DATA FORMS

OPHTHALMOLOGY RECORD

RESPIRATORY CARE SERVICE FLOW SHEET

SPIROMETRIC FORM

DIETARY CONSULTATION

3

4

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Microfilm flag

Administrative

MICROFILM AND / OR MICROFICHE.

REFUSAL OF TREATMENT FORMS.

CONSENT TO OPERATION FORMS.

AUTHORIZATION FOR RELEASE OF INFORMATION.

4

5

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Microfilm flag

Progress Notes

CLINICAL NOTES

5

TDCJ#

1014350

SITE: LINDSEY (LM)

| | | |
|--|--|------------------|
| Date/Time | Inmate's Name: Crutsinger Billy | D.O.B.: 10/05/59 |
| 10/26/01 | NURSING CHAIN REVIEW FOR STATE JAIL RELEASE | |
| 07:00 | VITALS: WEIGHT 209# P 146/100 PULSE 93 RESP 16 TEMP 98.9 | |
| DISCHARGE INSTRUCTIONS PROVIDED. RELEASED TO SECURITY FOR TRANSPORT. | | |
| K. M. Smith RN | | |

WACK, J. CORRECTIONS CORPORATION
SITE SPECIFIC NO. 610 FOR JOHN R. LINDSEY STATE JAIL
DISCHARGE INSTRUCTIONS

CARE INSTRUCTION

Keep the dressing clean and dry.
 As much as possible, elevate and avoid using the injured part.
 Change the dressing in 24 to 36 hours, unless instructed otherwise. While keeping the wound and toes dry, you may wash gently around the wound with water or hydrogen peroxide before redressing. Apply the best care, any wound can become infected, so if antibiotics are prescribed. You should check with your doctor if:

- The stitches pull apart.
- There is drainage of pus or excessive bleeding from the wound.
- Redness, swelling or red streaks develop around the wound.
- Fever develops.
- The wound becomes more painful, rather than less painful after 24 to 48 hours.

TETANUS IMMUNIZATION

12/14/00
 You have received an adult/pediatric diphtheria tetanus immunization. This is good for 5 years. You may have a local reaction to the injection. This is normally a redness and pain to the injection site. Apply heat to the area and take Tylenol, Advil or aspirin unless you are told otherwise.

SUTURE REMOVAL

You may return to your private doctor in _____ days to have your sutures removed. Call your doctor's office and make an appointment for suture removal.

WOUND CHECKUP

You may return to your private doctor in _____ days to have your wound checked or pack removed.

HEAD INJURY INSTRUCTIONS

Report to your doctor immediately if anything listed below occurs at anytime. NOTE: Observe patient hourly for the signs below. Wake patient if needed.

- Persistent vomiting, stiff neck, fever
- Confusion or unusual drowsiness
- Convulsions or unconsciousness
- Stumbling or other problems with use of arms, legs, or areas of numbness
- Blood or colorless fluid from the nose or ears

SPECIAL INSTRUCTIONS:

REF TO MHMR ☒ PUBLIC HEALTH _____ FAMILY PHYSICIAN ☒

I hereby acknowledge receipt of the instructions indicated above. I will arrange for follow up care as above.

WITNESS INITIAL: _____ DATE/TIME 10/24/17 INMATE SIGNATURE *Billy J. du Berger*

0200

CRUZINGER, BILLY

#1014350

BACK AND NECK INSTRUCTIONS

- ☐ Use cold on the injured area for the first 24 hours and then heat. Be careful not to burn yourself.
- ☐ Rest as much as possible until you are improved.
- ☐ Avoid positions and movements that make the pain worse.
- ☐ Relax emotionally. If you are tense, the problem will only be worse.
- ☐ Gentle but firm massage will increase circulation, sore muscles and help to clear the soreness.

SPRAIN/SEVERE BRUISE INSTRUCTIONS

- ☐ Elevate the injured part above the heart level to reduce swelling. If pillows flatten, use chair cushions with pillows or blankets for comfort.
- ☐ Ice packs help reduce swelling especially during the first 48 hours. Keep a cloth between the ice pack and skin or elastic bandage.
- ☐ If you have an elastic bandage, rewrap it if it is too loose or too tight. Remove it at bedtime and reapply in the morning.
- ☐ Wiggle toes or fingers to help prevent swelling, this should be done often if it does not cause pain. If severe pain, contact your doctor.

FRACTURES AND CAST CARE INSTRUCTIONS

- ☐ Elevate the injured part above the heart level to reduce swelling. If pillows flatten, use chair cushions with pillows or blankets for comfort.
- ☐ Ice packs help reduce swelling especially during the first 48 hours. Keep a cloth between the ice pack and skin or cast.
- ☐ No weight bearing on cast or splint unless directed by the doctor.
- ☐ Wiggle toes or fingers to help prevent swelling in the cast. This should be done often if it does not cause pain. If severe pain contact your doctor.
- ☐ If the part swells anyway or gets cold, blue, or numb or if pain increases markedly, have it checked promptly.

MEDICATION INSTRUCTIONS

- ☒ Take medicine as prescribed and directed.
- ☐ DO NOT drive or operate machinery while taking prescribed pain medicine or sedatives.
- ☐ Use Tylenol, Advil or aspirin for pain or fever as directed unless you are told otherwise.
- ☐ Take ALL of the antibiotics prescribed as directed, 2 to 3 days may be needed for the antibiotics to reduce symptoms.

WACKENHUT CORRECTIONS

HEALTH SERVICES

NURSING ASSESSMENT PROTOCOLS

UPPER RESPIRATORY: COLDS / FLU / SORE THROAT / SINUSITIS PROTOCOL

| | | | | |
|--|---|--|-------------------------------------|--|
| E/TIME | S.) CHIEF COMPLAINT: <u>Cold symptoms</u> | | ALLERGIES: <u>NKDA</u> | |
| <u>10-25-01</u> | Time of onset: <u>3-4 days</u> | Pain (Sinuses) ears / forehead / throat | Pain Intensity Scale 1-10: <u>5</u> | |
| <u>0735</u> | Nasal congestion: <u>yes</u> | Sneezing: <u>yes</u> | Fever/chills: <u>no</u> | |
| Circle one: | Runny nose (describe) <u>clear</u> | Muscle aches: <u>no</u> | | |
| <u>sick call</u> | Cough: <u>yes</u> | If productive, describe sputum: <u>no</u> | | |
| walk-in | Eyes itching/watering: <u>no</u> | Smoker (how much QD): <u>no</u> | | |
| self ER | Nausea/vomiting: <u>no</u> | Diarrhea: <u>no</u> | | |
| true ER | Exposed to anyone with same symptoms: <u>no</u> | Vaccination status (flu vaccine): <u>R</u> | | |
| O.) BP= <u>130/84</u> P= <u>80</u> Normal/weak / bounding R= <u>16</u> T= <u>97.7</u> WT= <u>213 lbs</u> | | | | |
| Weakness: <u>no</u> Fatigue: <u>yes</u> Recent weight loss: <u>no</u> | | | | |
| Respiratory rhythm: <u>even</u> /uneven Unlabored/ labored Shallow/ <u>normal</u> /deep | | | | |
| Retractions/Accessory muscle use: <u>no</u> | | | | |
| Skin: <u>normal</u> (warm/pink/dry) / pale / flushed / cyanotic / diaphoretic / dusky: | | | | |
| Eyeballs sunken: <u>no</u> Mucosa moist: <u>yes</u> Skin turgor: <u>normal</u> / slightly decreased / tenting: | | | | |
| Lung sounds: <u>clear</u> wheezes / rhonchi / rales / diminished: | | | | |
| Swollen glands (describe): <u>no</u> Enlarged tonsils: <u>no</u> | | | | |
| Throat: <u>normal</u> / red / white patches / pus Nasal mucosa red: <u>no</u> Swollen: <u>no</u> | | | | |
| Ears: <u>normal</u> / red / drainage: Tympanic membranes: <u>normal</u> / bulging / perforated | | | | |
| Eyes red: <u>no</u> Swollen: <u>no</u> Drainage: <u>no</u> | | | | |
| Overall appearance: no acute distress / <u>mild distress</u> / moderate distress / severe distress | | | | |
| A.) <u>leaving tomorrow wants fever before he goes home</u> | | | | |
| P.) Guaiatusen syrup 10 cc po tid x 5 days for chest congestion or Dextromethorphan syrup 10 cc po tid x 5 days for cough Suppression. <u>no</u> | | | | |
| Gargle with salt water gargle & use throat lozenges q.i.d. for sore throat: | | | | |
| Give Aspirin or Acetaminophen 325 mg, two tablets tid p.o. x 5 days : | | | | |
| or Ibuprofen 200 mg, <u>two</u> tablets tid p.o. x 5 days: <u>now</u> | | | | |
| Give Benadryl 25 mg, <u>1-2 tabs p.o.</u> t.i.d. x 5 days for severe allergy symptoms: <u>now</u> | | | | |
| or Chlorpheniramine 4 mg, 1 tab q.i.d. x 5 days for mild allergy symptoms: <u>no</u> | | | | |
| or If allergy symptoms accompany nasal/sinus congestion, give Bromatapp 1 tab every 12 hrs x 5 days: <u>no</u> | | | | |
| <u>Encourage oral fluids</u> and bedrest: | | | | |
| Notify physician if T > 100.4, respiratory distress, severe symptoms, or sign of infection: | | | | |
| Passes/referrals given: | | | | |
| E.) | | | | |
| Counseled to avoid smoking: <u>N/A</u> | | | | |
| Instructed not to rub eyes, to clean one eye at a time with new cloth to avoid cross-contamination and use warm cloth to soften crusting: <u>yes</u> | | | | |
| Instructed to return to medical if symptoms persist/worsen: <u>yes</u> Inmate verbalized understanding: <u>yes</u> | | | | |

NAME Curtsinger, BillyNUMBER 1014350DOB 10-15-54

NURSING SIGNATURE

M. Mauney

M. MAUNEY, RN

WCC

HEALTH SERVICES

TDCJ# 1014357**PROGRESS NOTES**

F4A

SITE: LINDSEY (LN)

| | | | | |
|-----------|---------------------------------|---------------------|-------------------------------|----------|
| Date/Time | Inmate's Name: | C. Ruttinger, Belle | D.O.B.: | 10/15/54 |
| 10-2-01 | | | | |
| 0820 | JAILE 10-4-01 | TIME 0400 | JAILE 10-4-01 | TIME KOP |
| | MED RENEWAL | | MED RENEWAL | |
| | MED <u>Carbidine</u> | | MED <u>Quinidine</u> | |
| | DOSE <u>0.1mg</u> | | DOSE <u>80mg</u> | |
| | INSTR + take PO daily x 30 days | | INSTR 11 take PO PRN KOP x 30 | |
| | R <u>Hallmark / 24 hr</u> | | R <u>Hallmark / 24 hr</u> | |
| | WANDA TULLIS, LVN | | WANDA TULLIS, LVN | |
| | Date <u>10-1-01</u> | Time <u>5:20</u> | | |
| | James Holbrook, M.D. | | | |

10-01 SCAR 10-4-01 requests refill of Simethicone and foot powder -
 600 out of simethicone and foot powder
 A no problems noted
 P Simethicone and foot powder refilled for pills -
 LINDA HUMFORD RN

10-23-01 0800 SCR s) sinus congestion, runny nose, scratchy throat -
 # 10-661
 noted 10-23-01 Re) 209 lbs 97⁴-84-17 ¹³⁰/₈₄ Pharynx has some red streaks no pustules.
 0800 C/W scale R. Alteration in comfort
 Date/TIME WARDEN, RN
 H. Counts Jr., MD Warm salt water mouth wash and gargle bid x 3 days. C.P.M. 4 mg po now. Ibuprofen 200 mg ¹¹¹/₁₁₁ now
 WARDEN, RN

WCC

ALTH SERVICES

TDCJ# 1014350

PROGRESS NOTES

SITE: LINDSEY (LN)

| Date/Time | Inmate's Name: Crutinger, Bobby | D.O.B.: 10 1 1 5 1 54 |
|-----------|--|-----------------------|
| 092401 | 5 C11# 9586 - Subject | |
| 0800 | Unit 212 SIP 138 - P48 - King 16 Inf 97 ² | |
| | states needs repair of simulators and | |
| | foot powder - | |
| | Apmt acute disten noted | |
| | Simulators and foot powder replaced | |
| | | LINDA HURFORD RN |

CC

LTH SERVICES

PROGRESS NOTES

TDCJ#

Curtis, Bill

SITE:

LINDSEY (LN)

Time Inmate's Name: Curtis, Bill D.O.B.: 11/5/59

8/9/01

CD

HTN 1 MONTH VISIT

10 AM

S)

denies complaints

O)

TEMP 97.2 PULSE 78 RESP 16

BP 120/74 WEIGHT 211

A)

no problems noted

P)

1) Continue to monitor

2) Return 1 month

3) Lab N/A

4) Place SCR - PRN

5) Come to medical ASAP for chest pain

or severe headache

6) Signa (symptoms/disease process)

Risk and reducing factors

7) ~~Review~~

LINDA ALBERT RN

WCC

HEALTH SERVICES

TDCJ# 1014352**PROGRESS NOTES**SITE: LINDSEY (LN)

| Date/Time | Inmate's Name: | D.O.B.: |
|------------|--|-----------------|
| 08-26-01 | <u>Carstenger, Billy</u> | <u>10/15/54</u> |
| 0400 | Ibuprofen discontinued due to non compliance | |
| 0400 | re: medication regimen | |
| 08-27-01 | To Dr Courts / P. Lightner RN | |
| 08-27-01 | H. Counts Jr, MD | |
| 08-31-01 | 0300 | |
| | JAIE <u>09-05-01</u> TIME <u>0400</u> | |
| | MED RENEWAL | |
| | MED <u>clonidine</u> | |
| | DOSE <u>0.1mg Tab</u> | |
| | INST <u>Tab i P.O. 9 AM x30 days</u> | |
| | DR <u>Courts / P. Lightner RN</u> | |
| | JAIE <u>09-05-01</u> TIME <u>KOP</u> | |
| | MED RENEWAL | |
| | MED <u>Simethicone</u> | |
| | DOSE <u>80mg Tabs chewable</u> | |
| | INST <u>Tabs ii PO PRN KOP x30</u> | |
| | DR <u>Courts / P. Lightner RN</u> | |
| 01-01-0945 | SCR#9-04 S. I need a refill of simethicone and foot powder | |
| | O. bottles empty | |
| | A deferred. | |
| | P. simethicone 80mg tabs 1 btl May 20 | |
| | 2) Foot Powder 1 btl. | |
| | as ordered by M.D. | |
| | M. Mainey RN | |

WCC

HEALTH SERVICES

PROGRESS NOTESTDCJ# 1014310SITE: LINDSEY (LN)

| Date/Time | Inmate's Name: | D.O.B.: |
|------------------|--|--------------------------------|
| 8-1-01 | Curtis, Billy | 10 15 154 |
| 0220 | DATE 8-6-01 TIME 0400 | DATE 8-6-01 TIME 2100 |
| | MED RENAI | MED RENAI |
| | MED C. londerie | MED J. londerie |
| | DOSE 0.1mg | DOSE 200mg |
| | INST + take PO daily x 30 days | INST 1/4 take PO TID x 30 days |
| | DR. J. londerie 12/2/00 | DR. J. londerie 12/2/00 |
| | WANDA TULLIS, LVN | WANDA TULLIS, LVN |
| DATE/TIME 8-1-01 | | |
| | DR. WILLIAM GHORMLEY, MD | |
| 5-6-01 | S. CD HTN | |
| | 140/80 - Chlorine 1mg | |
| | CD HTN Tissue Crystals | |
| | Continue Med - Sup | R Ant fungal fluid |
| | Simethicone x 30 KOP | TEMP 80 PULSE 80 |
| DATE/TIME 8/6/01 | | WT 210 HT 71" |
| | DR. WILLIAM GHORMLEY, MD | |
| 8-17-01 | 1620 SCR 8-451 | |
| | 8-1/2 Warts Simethicone | |
| | and Artificial Tears. O-T-97 P-68 R-16 BP 140/82 wt-21 | |
| | Has standing orders for KOP Simethicone and Artificial Tears | |
| | As Not in any acute distress P-1 bottle Simethicone | |
| | 01 bottle Partil. - 0.1mg | |

CC

ALTH SERVICES

PROGRESS NOTES

TDCJ# 1016350

SITE: LINDSEY (LN)

te/Time Inmate's Name: Counterspin D.O.B.: 101 4 54

10AM CD HTN 1 MONTHLY VISIT
7:10 PM S "I guess @ home OK"

TEMP 96.2 PULSE 78 RESP 16
 BP 128/70 WEIGHT 210

A denies complaints concerning clinic
no problem noted

- P 1 Continue to monitor
- 2 Return 1 month
- 3 Lab N/A
- 4 Place SCR - PRN
- 5 Come to medical ASAP for Chest pain
or severe headache
- 6 Signs (symptoms) disease process
Risk and Reducing factors

LINDA HURFORD RN

7-16-01 S - Gas - & Stomach
OK

7/16/01 A - Stomach & Pain
SUSAN CLARK RN Symptoms & Careful for hyp
Symptoms

Date/Time 7-16-01 9:45

H. Counts Jr MD

H. Counts Jr, MD

WCC

EALTH SERVICES

TDCJ#

1014350

PROGRESS NOTES

SITE:

LINDSEY (LN)

| Date/Time | Inmate's Name: | D.O.B.: |
|-----------------------|---|-----------------------------------|
| 2-28-01 | Perkins, B. Lee | 101051-54 |
| 1300 | Presents paid receipt for copy of eyeglass rx. Authorization for release of information signed Copy made and given to Officer [signature] for | LADONNA BOWLER MEDICAL RECORDS |
| 1-3-01 | DATE 7-7-01 TIME 1145 | DATE 7-7-01 TIME 1145 |
| 2100 | MED RENEWAL | MED RENEWAL |
| | MED | MED |
| | DOSE | DOSE |
| | INST | INST |
| | DR | DR |
| | DATE 7-7-01 TIME 0400 | DATE 7-7-01 TIME 2100 |
| | MED RENEWAL | MED RENEWAL |
| | MED Clonidine | MED [signature] |
| | DOSE 0.1mg | DOSE 200mg |
| | INST 1 tab PO daily x 30 days | INST 1 tab PO TID x 30 days |
| | DR Counts / [signature] | DR Counts / [signature] |
| | WANDA TULLIS, LVN | WANDA TULLIS, LVN |
| Date/Time 7-3-01 1100 | H. Counts Jr, MD | |
| | H. Counts Jr, MD | |

HEALTH SERVICES, INCORPORATED

TDCJ#

1014320

PROGRESS NOTES

SITE:

LINDSEY (LN)

| Date/Time | Inmate's Name: | D.O.B.: |
|-----------------|--|-------------|
| 06/28/01 (0800) | Crutsinger, Billy | 10 1 05 154 |
| | T.B. Chronic Clinic. | |
| | 5.) Denies having any type of problem with his INH prophylaxis. Denies nausea, vomiting or abdominal discomfort. | |
| | 6.) V12) 97 ² - 76 - 18 - 112/78 Wt.) 212 ¹ / ₂ . Skin is warm, dry. No rash noted. Resp. are even, unlabored, clear bilaterally. Mucous membranes are pink, moist. Sclera is clear, white, & jaundice. No signs or symptoms of INH toxicity noted. | |
| | A.) Compliance 8/8. | |
| | P.) 1.) Continue current regimen. | |
| | 2.) Return to clinic one month. | |
| | M. Nichols, RN M. Nichols, LVN (699) | |
| 06/28/01 (0810) | M.D. Orders: | |
| | 1.) T.B. Class II. CPX started 01/08/01. - as of 07/05/01 patient will have received 52 doses. Adequate CPX. | |
| | 2.) D.C. INH and BG 07/06/01. | |
| | I.O. Dr. Counts / M. Nichols, RN (699) | |
| | Date/Time | |
| | H. Counts, Jr. MD | |

Noted
06/28/01
10815
M. Nichols, RN (699)
M. Nichols, LVN (699)

WCC

HEALTH SERVICES, INCORPORATED

TDCJ# 1014350

PROGRESS NOTES

SITE: LINDSEY (LN)

Date/Time Inmate's Name: Crutsinger, Billy D.O.B.: 10 1 05 154
 05/31/01 (0620) T.B. Chronic Clinic.

2.) States he has had no problems with his T.B. medication.

o.) V/S) 97' - 68 - 18 - 100/70 Wt.) 213. Skin is warm, dry, & rash. Resp. even, unlabored, clear bilaterally. Mucous membranes are pink, moist. Sclera is clear, white, and without jaundice. Denies abdominal discomfort, nausea, and vomiting. No signs or symptoms of INH toxicity noted.

A.) Compliance 9/9.

P.) 1.) Continue current regimen.

2.) Return to clinic one month.

M. Nichols, RN Nichols, LVN/CPN

06/17/01 HTN - Monthly Visit - CDC

at 211 - 5 & all OK

0500 0 310/70 - 78 - 16 97' - wt 214

"all are doing OK" - denies complaints of no problems noted

P. continue to monitor

② teach importance of med/adherence

LINDA HURFORD RN

WCC

HEALTH SERVICES

PROGRESS NOTES

TDCJ#

101435

SITE: LINDSEY (LN)

Date/Time Inmate's Name: Cruisinger Billy D.O.B.: 10/05/54

5-30-01

0220

VIE 6-7-01 TIME 1145

MED RENEWAL

IP H

DOSE 300 mg

INST 1/1 tab PO 2X weekly X 30d

OR Counts 12.5 uls on

DATE 6-7-01 TIME 0400

MED RENEWAL

MED Colandine

DOSE 0.6 mg

INST 1/1 tab PO daily X 30d

OR Counts 12.5 uls on

Date/Time 6-1-01 1:30
 H. Counts Jr, MD
 H. Counts Jr, MD

VCC

HEALTH SERVICES

PROGRESS NOTES

TDCJ# 1014350

SITE: LINDSEY (LN)

Date/Time Inmate's Name: Crutinger, Billy D.O.B.: 10105150

5-14-01 S-foot on per spec. 1
O-gut
H-gut
P-stomach

Date/Time 5-14-01 9:10
H. Counts Jr MD
H. Counts Jr, MD

5-23-01 S-CD H-pub
O-CD HTN
A-HTN CD
P-Conf to nurse

SUSAN CLARK, LVN

Date/Time 5-23-01 11:10
H. Counts Jr MD
H. Counts Jr, MD

TEMP 100.4 PULSE 84 RESP 16
BP 110/70 WEIGHT 171

WCC

TH SERVICES

TDCJ#

101435

PROGRESS NOTES

SITE: LINDSEY (LN)

| Date/Time | Inmate's Name | D.O.B. |
|-----------------------|-------------------|-------------------------|
| 5/2/11 0140 | Critsinger, Billy | 1/1/51 |
| DATE 5/9/11 TIME 0400 | | DATE 5/8/11 TIME 0400 |
| Clonidine | | bupren |
| 0.1 MG | | 200MG |
| TID QD x30 DAY | | TID tabs PO TID x30 DAY |
| DR Counts / km smith | | DR Counts / km smith |
| KRISTINA M. SMITH, RN | | KRISTINA M. SMITH, RN |

Date/Time 5/2/11
H. Counts Jr, MD

NOTED 5/2/11
H. Counts Jr, MD
KRISTINA M. SMITH, RN

5-8-01

1530 SCR 5-184

S- c/o pain in feet and back. Says he want special shoes.

Q - T 57 P-72 R-16. BP $\frac{110}{78}$ wt-212.
Has Dx of gout. Already take bupren 200mg tid.

A - Wants stronger pain med and special shoes.

P - Dr Appt given for 5-14-01

Dr. Byrnes

TDCJ#

1014320

SITE:

LINDSEY (LN)

5.) States he "feels" good and denies having any problems with his T.B. medication.

0.) U15) 96⁹ - 76 - 18 - 130/78 Wt.) 210 . Skin is warm, dry. No rash noted. Resp. even, unlabored, clear bilaterally. Mucous membranes are pink and moist. Sclera is clear, white, ϕ jaundice. No signs or symptoms of INH toxicity noted. —

A.) Compliance 9/9. —

P.) 1.) Teaching on signs and symptoms of INH toxicity. Verbalized understanding.

2.) Continue current regimen. —

3.) Return to clinic one month. —

m. Nichols, Genl. Nichols, LVMB99

5/2/1
0/30

5/9/1 1145

~~RED~~ INH

DOSE 300MG

INST 777ch PD (900MG) 2 XQ WK
X30DAY

DR GUNTJ/Km Smith R

5-201 1108 KRISTINA M. SMITH, RN

H. Counts Jr, MD

DATE 5/9/11 TIME 1145

SECRET

13 BC

LOSE 50MG

INST Ttab PO 2xQWKX 30 DAYS

DR Cowley/Knasmith

KRISTINA M. SMITH, RN

noted 5/2/10 30 cm from NW

WCC

HEALTH SERVICES, INCORPORATED

TDCJ#

1014350

PROGRESS NOTES

SITE:

LINDSEY (LN)

| Date/Time | Inmate's Name: | D.O.B.: |
|-----------|---|-----------|
| 4-17-01 | Countess, B. Lee | 10-51-54 |
| 0930 | Printed Material Request sent per SCP requesting copy of eyeglass prescription. | |
| 4-19-01 | 1630 | SCR 4-482 |

GARY ROBERTS
MEDICAL RECORDS

S- C/o swelling and pain rt foot. Sup 1st of foot.

C- T-97° P-72 R-16 BP 130/80 Gt-212

No Hx of trauma. No lesions seen on foot. Rt foot is edematous and sore.

A- Altered comfort due to sore foot

P- Dr. App given for 4-20-01

Michael Bynnes, MD

G. POWELL, BERN, USA
Michael Bynnes, MD

4-20-01 S- Hunt

O- Swollen & lined Rt-foot

H- Hunt

P- O.D. under 2cc dose Digital 10

A- Stop for 6000 V.D. 17

Date/Time

4-20-01

H. Counts Jr, MD

H. Counts Jr, MD

4-20-01 1550

Q Walk in c/o dizziness. (after the decantran 2cc 2M)

Q 1/5 (120/80, 84, 98° 16) checked 16 5/5 of S.O.B; denies any other problems but ~~add~~ dizziness.

A No acute distress noted.

P Inmate is informed, if symptoms worsen or persist will come.

KARLA ROBERTS LN

TDCJ#

SITE: LINDSEY (LN)

Date/Time 4-5-01 1100
H. Counts Jr, MD
H. Counts Jr, MD

7/4/00/ HTN CPC monthly visit
no S doneis, complaints
2/3/00 O states & feel fine BP 130/72 - 60-16-97°
Bills no problems noted
Temp disease process - diet compliance -

ALTH SERVICES, INCORPORATED

TDCJ#

1014350

PROGRESS NOTES

SITE:

LINDSEY (LN)

Date/Time Inmate's Name: Crutinger, Billy D.O.B.: 10105154
02/20/01 (0710) Continued)

clear bilaterally. Mucous membranes pink, moist. Sclera clear, white, & jaundice. No signs or symptoms of INH toxicity noted.

A.) Compliance. 9/9.

P.) 1.) Continue current regimen.

2.) Return to clinic one month.

M. Nichols, Health Nichols, P.V.N. 839

1-3-01 Eye Exam CC: Dist, Near Blur

13:30
Dx: Myopia, astigmatism, presbyopia
P. Spect Rx
W. J. Edger

HEALTH SERVICES, INCORPORATED

TDCJ# 1014357

PROGRESS NOTES

SITE: LINDSEY (LN)

Date/Time 03/16/01 Inmate's Name: C. Rutledge, Billy D.O.B.: 10 15 1954
 2300 Chronic Clinic Disease - HTN Monthly Visits
 208 S & feel fine
 03/16/01 0310 P 139/70 - P 72 Temp 100.4 Temp 97.2 -
 After no complaints concerning Clinic -
 A no acute distress noted
 I track risk factors and reducing factors -
 and importance of exercise -
 continue monthly visits of foot
 LINDA HURFORD RN

4-31/70/01 0600-5 reports foot numb for fungus
 0310 P 132/70 P 78 Temp 100.4 Temp 97.2 -
 dry peeling irritated toes on backfoot
 A attend. contact w/ T irritated toes -
 PO 1 tab antifungal cream & use bid x 7 days
 0310/01 0600 2 drink lots of water
 keep shoes clean and dry
 and count from
 LINDA HURFORD RN
 Date/Time 3-19-01 11:30
 H. Counts Jr, MD
 H. Counts Jr, MD

03/30/01 (0710) T.B. Chronic Clinic.

5.) Denies having any problems with his T.B.
 medication.

0.) V12) 972 - 78 - 20 - 100/70. Wt.) 213. Skin is
 warm, dry, & rash. Resp. even, unlabored.

(continued)

M. Nichols, RN, MD, PHN 1999

ALTH SERVICES, INCORPORATED

TDCJ#

1014350

PROGRESS NOTES

SITE:

LINDSEY (LN)

| Date/Time | Inmate's Name: | D.O.B.: |
|-----------|--|---|
| 3-6-01 | Christina Beller | 10/5/54 |
| 0110 | DAIE 3-9-01 TIME 1145 | DAIE 3-9-01 TIME 1145 |
| | MED RENEWAL | MED RENEWAL |
| | MED INH | MED BL |
| | DOSE 300mg | DOSE 50mg |
| | INST $\frac{11}{11}$ tabs PO 2X weekly X 30 days | INST $\frac{1}{11}$ tabs PO 2X weekly X 30 days |
| | DR Counts 12 J. Tullis LVN | DR Counts 12 J. Tullis LVN |
| | WANDA TULLIS, LVN | WANDA TULLIS, LVN |
| | DAIE 3-9-01 TIME 0400 | DAIE 3-9-01 TIME 2100 |
| | MED RENEWAL | MED RENEWAL |
| | MED C. clonidine | MED J. loperamide |
| | DOSE 0.1mg | DOSE 200mg |
| | INST $\frac{1}{11}$ tabs PO daily X 30 days | INST $\frac{11}{11}$ tabs PO TID X 30 days |
| | DR Counts 12 J. Tullis LVN | DR Counts 12 J. Tullis LVN |
| | WANDA TULLIS, LVN | WANDA TULLIS, LVN |
| | Date/Time 3-6-01 1100 | |
| | H. Counts Jr MD | |
| | H. Counts Jr, MD | |
| 03/6/01 | Chronic Disease Chart 11/70 | Monthly Visits |
| 2300 | S B/P 130/90 - P 72 - Resp 16 Temp 97.2 | |
| | on oxygen | |

3/6/01
KARLA ROBERTS LVN

ALTH SERVICES, INCORPORATED

TDCJ#

1014320

PROGRESS NOTES

SITE:

LINDSEY (LN)

| Date/Time | Inmate's Name: | D.O.B.: |
|-----------|--|--------------|
| 02/28/01 | (0745) T.B. Chronic Clinic. | 10 1 02 1954 |
| | J.) Denies nausea, vomiting, or any abdominal discomfort. Denies any problems with his T.B. medication. | |
| | O.) (15) 96 ² - 76 - 18 - 138/74. Wt.) 212. Skin is warm and dry, & rash. Resp. even, unlabored, clear bilaterally. Mucous membranes are pink and moist. Sclera clear, white, & jaundice. No signs or symptoms of INH toxicity noted. | |
| | A.) Compliance 8/8. | |
| | P.) 1.) Continue current regimen. | |
| | 2.) Return to clinic one month. | |
| | M. Nichols, PA M. Nichols, LYNCE | |

WCC

HEALTH SERVICES, INCORPORATED

PROGRESS NOTES

TDCJ# 1014350

SITE: LINDSEY (LN)

Date/Time Inmate's Name: Christopher Crutinger Billy D.O.B.: 10 10 51 54

2-20-01 5- Gut

Q - Sudden Hot Off Body

A - Sudden back attack

P - ① DC checked

② Clonidine 0.1 mg/day x 30

③ Antifungal cream

④ Abaya being tied x 30 days

⑤ Dexam 2 cc the day of deloid W

⑥ 24 hr begin

Date/Time 2-7-01 8:25

H. Counts Jr MD JK

H. Counts Jr, MD

2-20-01 5- CD HTN

① CD HTN

A HTN CD

P - Cante to note

Antifungal cream

Date/Time 2-20-01 10:40

H. Counts Jr MD JK

H. Counts Jr, MD

TEMP 36.2 PULSE 76 RESP 18
BP 120/80 WEIGHT 200 lb

WCC

HEALTH SERVICES

TDCJ# 1014350**PROGRESS NOTES**SITE: LINDSEY (LN)

| Date/Time | Inmate's Name: | D.O.B.: |
|-----------|---------------------------|-------------------|
| | <u>Christopher, Billy</u> | <u>10 105 154</u> |

| | |
|-----------------|--|
| <u>02 06 01</u> | S. CID Appointment Re: HIV test results. |
|-----------------|--|

| | |
|-------------|--|
| <u>0900</u> | O. Post test counseling completed per TDCJ guidelines. |
|-------------|--|

| | |
|--|--|
| | Counseling completed on safe sex practices, needle usage, and safe |
|--|--|

| | |
|--|---|
| | life style choices. Patient verbalized understanding. |
|--|---|

| | |
|--|--------------------------|
| | A. Negative HIV results. |
|--|--------------------------|

| | |
|--|-------------------|
| | P. Results given. |
|--|-------------------|

[Signature]

Mary Nichols, LVN CID

ANIEL NELSON, RN

| | |
|-----------------|--|
| <u>02/06/01</u> | |
|-----------------|--|

| | |
|-------------|--|
| <u>0315</u> | |
|-------------|--|

DATE 02-13-01 TIME 0400

MED RENEWAL

MED ATenololDOSE 50mgINST 1 tab po daily x 30 daysDR Counts / E Raley RN**ELAINE RALEY RN**Date/Time 2-6-01 1100H. Counts Jr MD**H. Counts Jr, MD**

| | | | | | |
|---------------|-------------|-----------|-----------|------------|-----------------------------|
| <u>020701</u> | <u>0700</u> | <u>20</u> | <u>02</u> | <u>183</u> | <u>written response</u> |
| | | | | | <u>NO appointment today</u> |

GAY BARCLAY RN

WCC

HEALTH SERVICES

TDCJ# 1014350

PROGRESS NOTES

SITE: LINDSEY (LN)

| | | |
|-----------------|--|--|
| Date/Time | Inmate's Name: <u>Crutsinger, Billy</u> | D.O.B.: <u>10 1 05 1959</u> |
| <u>01/27/01</u> | Offered Recombivax vaccine. Offender refused. Benefits and | |
| <u>(0930)</u> | risks explained. Refusal signed. <u>M. Nichols, R. Nichols, D. Nichols</u> | |
| <u>01/31/01</u> | <u>(0910) T.B. Chronic Clinic.</u> | |
| | <u>J.) States he is doing well with his T.B.</u> | |
| | <u>medication. Denies any problems.</u> | |
| | <u>O.) V/S) 97 - 78 - 18 - 104/78. Wt.) 207.</u> | |
| | <u>Skin is warm, dry, & rash. Resp.</u> | |
| | <u>even, unlabored, clear bilaterally.</u> | |
| | <u>Mucous membranes are pink and</u> | |
| | <u>moist. Sclera clear, white, & jaun-</u> | |
| | <u>dice. No signs or symptoms of INH</u> | |
| | <u>toxicity noted.</u> | |
| | <u>A.) Compliance 10/10.</u> | |
| | <u>P.) 1.) Continue current regimen.</u> | |
| | <u>2.) Return to clinic one month.</u> | |
| | <u>M. Nichols, R. Nichols, D. Nichols</u> | |
| <u>02-02-01</u> | <u>DATE 02-02-01 TIME 1145</u> | <u>DATE 02-02-01 TIME 1145</u> |
| <u>0715</u> | <u>MED RENEWAL</u> | <u>MED RENEWAL</u> |
| | <u>MED INH</u> | <u>MED B6</u> |
| | <u>DOSE 300mg Tab</u> | <u>DOSE 50mg Tab</u> |
| | <u>INST Tab III (3) 2x Weekly x 30 days</u> | <u>INST Tab I PO 2x Weekly x 30 days</u> |
| | <u>OF Courts / P. Lightner, MD</u> | <u>OF Courts / P. Lightner, MD</u> |
| | <u>Date/Time <u>2/2/01</u></u> | <u>P. Lightner, MD</u> |
| | <u>H. Counts Jr, MD</u> | |

WCC

HEALTH SERVICES

PROGRESS NOTES

TDCJ# 1014350

SITE: LINDSEY (LN)

D.O.B. 10/05/54

Date/Time 2/2/01 Inmate's Name: Christopher, Billy

0800

CHART REVIEW

Date/Time 2-2-01 8:00 AM
H. Counts Jr, MD

05-01 2815 SCR# 2-122

M: MAUNEY, RN

S My foot hurts so bad I can't walk. he told me before to keep it propped up when it hurts but I can't in school.

O. limping as he walks.

A. wants pain med and a lay in from school

Date/Time 2-5-01 1:00 PM
H. Counts Jr, MD
Appt to see MD.
H. Counts Jr, MD

M: MAUNEY, RN

WCC

HEALTH SERVICES

TDCJ#

1014350

PROGRESS NOTES

SITE:

LINDSEY (LN)

Date/Time

Inmate's Name:

Critsinger Billy

D.O.B.

10/05/54

01/23/01 1700

(2) Ibuprofen 200mg $\frac{111}{11}$ @ p-o now.

CHANG, OCKBIN RN
CHANG, OCKBIN RN

(3) Come back to medical if symptom worsens or persists 3/10/01 *CHANG, OCKBIN RN*

Date/Time 1-24-01 10:00
H. Counts Jr, MD
H. Counts Jr, MD

01/25/01 0930

Lab sample drawn, tiger antacid one stick *SAY BARTLEY RN*

[Large handwritten scribbles]

WCC

HEALTH SERVICES

TDCJ# 1014350

PROGRESS NOTES

SITE: LINDSEY (LN)

D.O.B. 1 1

| Date/Time | Inmate's Name: Grutsinger, Billy |
|--------------------------------------|---|
| 1/24/01 | 15:10 (4) Walk in due to pain & localized redness on Rt. upper arm. |
| 1-21-01 noted CHANG, OCKEIN RN | " (4) had a shot 2 days ago and it is sore. |
| | (5) V/S (120/80, 60, 16, 97%) checked. # no s/s of infect Rt. upper arm: erythematous, \approx 10cm diameter sized — redness & swelling (slight) noted. |
| | (6) Altered comfort. |
| | (7) Give Ibuprofen 200mg 10 p.o now |
| | Apply ice pack on (R) upper arm. |
| | Come back to medical if symptom (swell. and pain persists or worsens.) |
| | V.O Dr. Counts / Chy. Glickstein |
| 1-23-01 noted CHANG, OCKEIN RN | (5) Walk in \approx 90 (R) sore arm with redness. "It still bothers me." |
| | (6) Reddened upper arm from pneumonia vaccination from 01/19/01. Localized some swelling noted on (R) upper arm |
| | No s/s of infection noted. No drainage noted |
| | (7) Altered skin integrity. Altered comfort. |
| | (8) Run warm water on (R) arm for 10 min |
| | T.I.D. X 3 days to increase circulation |

WCC

HEALTH SERVICES

TDCJ# 1014350

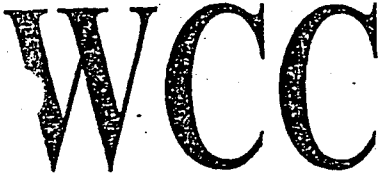
PROGRESS NOTES

SITE: LINDSEY (LN)

| Date/Time | Inmate's Name: | D.O.B. |
|-----------|--|---------------|
| 01200 | Crutinger, Billy | 10/05/54 |
| | \$ CDC - Hypertension | monthly visit |
| | S states "I feel fine" | |
| 11/20 | B.P. 140/80 P.T. Temp 97.2 - | |
| | offer no complaints - | |
| | no problem noted | |
| | check disease process and importance | |
| | of med compliance - | |
| | 2) takes atenolol 50mg + po qd | |
| | 3) continue monthly visit | |
| | LINDA HURFORD RN | |
| 11/21 | WT - 0600 50 lbs arm | |
| | B.P. 138/80 - 72 18 Temp 98.0 (30 sec pulse) | |
| | at arm warm to touch - red area noted | |
| | on. It arm - slightly swollen - small hard | |
| | area on arm - "I had an injection in arm" | |
| | A. all other are comfort aft red arm | |
| | P. after, spoken 2000 #1 no more now | |
| | 2) the bag to be used for 6 hours - 30 | |
| | min off and on | |
| | LINDA HURFORD RN | |

PROGRESS NOTES

SITE: LINDSEY (LN)



HEALTH SERVICES

PROGRESS NOTES

TDCJ# 1014350

SITE: LINDSEY (LN)

D.O.B. 10 1051 54

Date/Time Inmate's Name: Crutsinger Billy

1-17-01 S - Gout

O - Red Tender Swollen Left big toe

P - Gout? Infection

P - @ Uric Acid blood test

② X Ray - @ foot

③ Bactrim DS $\dot{\bar{i}}$ BID X 10 days

④ Naproxen 500mg tid X 10 days

⑤ 22mls Heparin

Date/Time 1-17-01

H. Counts Jr MD

H. Counts Jr, MD

01/18/01 Blood drawn as ordered for uric acid - one red top and
 one tiger top tubes from Left AC & butterfly needle -
 attempts x1

Elaine Raley RN

ELAINE RALEY RN

HEALTH SERVICES

TDCJ#

6114350

PROGRESS NOTES

SITE:

LINDSEY, (LN)

Date/Time

Inmate's Name:

CHRISTIAN, Billy

D.O.B.

10/15/54

01/05/01

0330 Blood drawn for lab - one tiger top tube from Left AC & butterfly needle - attempt 1 - Elaine RN

ELAINE RALEY RN

0200

noted 1-9-01
0800 KARLA ROBERTS LVN

DATE 1-14-01

TIME 0400

MED RENEWAL

MED Atenolol 50mg

DOSE 50mg

INST + take PO daily x 30 days

DR Counts 1-2-01

WANDA TULLIS, LVN

1-10-01

1645 SCR 1-355

A - Broke his glasses

O-T 56" P-68 R-17 BP 110/80 wt-206

Snellen Chart: OS 20/100, OD 20/100, OU 20/100

A - Visual deficit

P - Name placed in Eye Dr

Appt Book.

Michael Byrnes RN

Michael Byrnes RN

1-16-01

1015 SCR 5) Gout

#1-457

O) 206 lbs 98-76-18 132/80 Left

foot swollen, inflamed.

A) Alteration in comfort.

P) I Ibuprofen 200 mg take $\frac{1}{2}$ po now

Doctor apt- 1-17-01

10 Dr Prints 10-11-01

Connie Wade FNP

noted 1-16-01
1015
Date/Time
Counts
H. Counts Jr, MD

JOHN R. LINDSEY STATE JAIL
PHYSICIAN HEALTH PRACTITIONER
INITIAL TREATMENT PLANINMATE NAME: Crutsinger, BillyID#: 1014350CHRONIC DISEASE: T.B.

(HTN, DIABETIC, SEIZURES, ETC.)

SUBJECTIVE:

(Chief Complaint)

(+) PPD

SIGNIFICANT HISTORY

HIV

—

STD

—

LIVER PROFILE

01/02

RPR

NR

FLU VACCINE

PEAK FLOW METER NA

PNEUMONIA VACCINE

MEDICATIONS

—

HEP PROFILE

—

CXR

01/03

OTHER

—

18mm (+) ppd.

OBJECTIVE:

Vital Signs

T 96.6P 84R 18B/P 148/88Wt 209

(Physical Findings

or Pathology)

(+) PPD

ASSESSMENT:

(Diagnosis)

T.B. infection, without disease

PLAN:

(Treatment)

1.) Add to C.D. T.B.2.) Start: INH 300mg. $\frac{1}{2}$ p.o. q. Mon. & Th. x 30 days
B6 20mg. $\frac{1}{2}$ p.o. q. Mon. & Th. x 30 days
(Start 01/08/01)

EDUCATION:

HIV

offer

DIET

Reg

MEDICATIONS

✓

STD

EXERCISE

✓

OTHER

—

SIGNATURE

Date/Time

1-5-01 1:00 PM

DATE

TIME

H. Counts Jr MD
H Counts Jr MD

ALTH SERVICES, INCORPORATED

TDCJ#

1014350

PROGRESS NOTES

SITE:

LINDSEY (LN)

Date/Time Inmate's Name: Crutsinger, Billy D.O.B.: 10 1 05 1 54

01/03/01 (0700) M.D. Orders:

18mm PPD

Get Chest X-ray

Draw liver enzymes.

T.O. Dr. Counts / M. Nichols, M. Nichols, LVN (B99)

Date/Time

H. Counts Jr MD
H. Counts, Jr. MD

1-01 0830 SCR #1-75: 1) Gout getting worse and
sore on side of foot
2) 209 lbs 96-72-18 ¹²⁰/₈₄ Left foot
swollen, inflamed with bluish color
above big toe.

A) Alteration in comfort

B) Doctor apt made

C Wade RN
CONNIE WADE, R.N.

1-4-01 8:00 AM

0. Red Swollen left big toe

4. Red Swollen Gout

1. P. Decker II is in room (Dagiteaf)

2. Caber SA II is in room (Dagiteaf)

3. Abysse being given X-8 days

Date/Time 1-4-01 8:50

H. Counts Jr MD

H. Counts Jr, MD

KARLA ROBERTS LUN

LTH SERVICES, INCORPORATED

TDCJ# 104350

PROGRESS NOTES

SITE: LINDSEY (LN)

| Date/Time | Inmate's Name: | D.O.B.: |
|----------------------------------|--|------------------|
| 12-29-00 5 - 8:45 | Curtsinger, Billy | 10 1 05 154 |
| | O - Red Swallow Left lung | |
| | A - 8:45 | |
| | P - 8:45 | |
| | ② Sharp swelling x 1 day | |
| | Date/Time 12-29-00 8:58 | |
| | H. Counts Jr, MD | |
| | H. Counts Jr, MD | |
| 3 20 1210 Walkin | S I have had heart burn. | |
| 1230 | Q. wt 206 ¹¹ 88-88-20-91 ² w/2 | |
| 30-00 | seen by Ch Lee as he | |
| M. Mauney | was approaching Med Clinic | |
| | stop and vomit. | |
| | A. Motant heart burn. | |
| | P. Malox 30cc p o t i d x 15d. | |
| | To Dr Counts M. Mauney | M. MAUNEY, RN |
| 201 0905 0001 01-15 5) Gait pain | | |
| | Q. wt 201. 88-88-20-91 ² w/2 | |
| | not red and inflamed Complaint | |
| | of pain Consulted with Dr | |
| | Counts | |
| | A) altered comfort | |
| | Q) ① Motin 20mg IV po Qid x 30 day | |
| | V. O. Dr Counts | SUSAN CLARK, LVN |
| | Date/Time 1-2-01 11:30 | |
| | H. Counts Jr, MD | |
| | H. Counts Jr, MD | |

WCC

HEALTH SERVICES

TDCJ#

1614350

PROGRESS NOTES

SITE:

LINDSEY (LN)

Date/Time

Inmate's Name:

Cruisinger, Billy

D.O.B.

10/5/54

11-16-00 1045 SCR#12-458 & 12-459 S I have heartburn sometime I may
 noted go for a month without it then I may
 1030 have it every day. I wore glasses
 2-16-00 in the world they got broke I need
 glasses to drive and to read.
 O. wt 206 lbs 11/84-64-16 Reading glasses
 +1.75 issued - adv

Date/Time 12-7-00 11:00 P
 H. Counts Jr. MD
 H. Counts Jr. MD

A difficult seeing, change in food.
 Reading glasses +1.75 issued
 advised to obtain plates from
 commissary for heartburn

T.D. Counts MD

M. MAUNEY, RN

12-16-00 5000 PPD = 18 mm. Referred to
 C/D Nurse. Affirmed Michael Byrnes RN

12/21/00 0305 Blood drawn from Right AC - attempt X1
 2 green needles Elaine Raley RN

12/21/00 0815 SCR# 12-754 5/ Gut needles abt
 O. wt 206 left foot swollen
 Glove broke hit on Gut
 A) general comfort
 A) referred to MD SUSAN CLARK, LVN

JOHN A. LINDSEY STATE JAIL
PHYSICIAN HEALTH PRACTITIONER

INITIAL TREATMENT PLAN

INMATE NAME:

Crutsinger, Billy
HTN

ID#:

1014350

CHRONIC DISEASE:

(HTN, DIABETIC, SEIZURES, ETC.)

SUBJECTIVE:

(Chief Complaint)

SIGNIFICANT HISTORY

HIV

STD

LIVER PROFILE

RPR

FLU VACCINE

PEAK FLOW METER

PNEUMONIA VACCINE

MEDICATIONS

HEP PROFILE

CXR

OTHER

OBJECTIVE:

Vital Signs

T 96° P 84 R 18 B/P 148/88 WL 209

(Physical Findings

or Pathology)

ASSESSMENT:

(Diagnosis)

Hypertension

PLAN:

(Treatment)

C.D. Hypertension / HTN

Therapy 50 mg qd & 300 mg

get Smack

EDUCATION:

HIV

NO

DIET

Reg

MEDICATIONS

VBS

STD

EXERCISE

Yes

OTHER

SIGNATURE

Date/Time 12-18-00

H. Counts Jr, MD

H. Counts Jr, MD

12/18/00

12/18/00

TIME

WCC

.TH SERVICES

PROGRESS NOTESTDCJ# 1014350SITE: LINDSEY (LN)

| te/Time | Inmate's Name: | D.O.B.: |
|---------|-----------------------------------|-------------|
| 1/14/00 | Cutsinger, Billy | 10 1 05 159 |
| (11400) | HIV High Risk Screening Completed | |
| | NO risk factors identified. | |

Mary Nichols. LON CTD 177. Nichols, LUN

WCC

HEALTH SERVICES

TDCJ#

1014350

INTAKE PROGRESS NOTES

SITE:

LINDSEY (LN)

Date/Time

Inmate's Name:

Parrutinger, Betty

D.O.B.

1015154

12-14-00

RECEIVED TO JACKSBORO, JOHN R. LINDSEY FACILITY

yes

1130

OHI, MEDICAL SERVICES INFORMATION, AIDS MATERIAL, PATIENT LIAISON,

AND COPAY INFORMATION GIVEN TO INMATE

yes

MENTAL HEALTH NEEDS:

No Harm Agreement, Referred to Dr. Mennsey

DENTAL COMPLAINTS:

None

DIET:

Regular

ALLERGIES:

Peanut & egg

CHRONIC ILLNESS/DISABILITIES:

none

ADD TO CHRONIC CLINIC YES

NO

✓

TREATMENT/SPECIAL CARE:

none

MEDICATION ORDERS:

none

VO Dr Counts / C Wade

Connie Wade RN

12-14-00

ADMISSION ORDERS: 1800

1130

1) Draw lab sample for RPR

Rt. antecubital

2) Give Td Vaccine 0.5 cc IM

Rt. deltoid

3) Give BPD 0.1 cc intradermally

Lt. forearm

VO Dr Counts / C Wade

100 heartburn.

Give 20cc Maalox p.o now

Date/Time

12-18-00

H. Counts Jr, MD

VO Dr Counts / C Wade

Connie Wade RN

| Case 4:07-cv-00703-Y Document 87-4 Filed 11/03/11 Page 173 of 195 PageID 5315 | | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|--|--|----|----|----|----|----|----|----|----|----|----|
| Clonidine 0.1mg tab i PO QD x30days START DATE 9-5-01 STOP DATE 10-4-01 11-3 | | X | X | X | X | X | X | X | X | X | X |
| PimeThione 80mg tab ii PO PRN KOP x30 days START DATE 9-5-01 STOP DATE 10-4-01 11-3 | | | | | | | | | | | |
| START DATE STOP DATE | | | | | | | | | | | |
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| START DATE STOP DATE | | | | | | | | | | | |

| | |
|---|--|
| FIRST NAME: <u>YNKA</u> LAST NAME: <u>Crutsmiger, Billy</u> ID: <u>1014350</u> WING: <u>F4A-40</u> | NURSE'S SIGNATURE: <u>[Signature]</u> INITIAL: <u>YK</u> NURSE'S SIGNATURE: <u>[Signature]</u> INITIAL: <u>YK</u> |
| DOCUMENTATION CODES: - Discontinued Order - Dose Omit - Hold | - R - Refused - C - Court - S - Self Administered - NS - No Show - O - Other |

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16-4

| | | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|--|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| H 300MG TAB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KE 3 TABLETS BY MOUTH =900MG TWICE A WEEK | | 1145 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 389634 COUNTS, HASMER, MD | | 1145 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| KS START DATE 4/25/01 STOP DATE 05/06/01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LONIDINE 0.1MG TABS | | 0100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KE ONE TABLET BY MOUTH DAILY | | 0400 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| 412022 COUNTS, HASMER, MD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KS START DATE 4/25/01 STOP DATE 05/06/01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56.50 mg. T-teal po twice | | 1145 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| weekly x 30 days | | 1145 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| KS START DATE 4/25/01 STOP DATE 5/3/01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T-buprofen 200mg TTT tabs | | 0400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| po tid x 30 days | | 1145 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KS START DATE 4/25/01 STOP DATE 5/4/01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1buprofen 200mg TTT PO TID x 30 days | | 0400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KS START DATE 5/2/01 STOP DATE 6/7/01 | | 1145 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NO KNOWN DRUG ALLERGY,

CRUTSINGER, BILLY

MENTATION CODES =

Continued Order

Refused

Cont

Self Administered

No Show

1014350

FHA-10

NURSE'S SIGNATURE

INITIAL

NURSE'S SIGNATURE

INITIAL

nda Bruce, Don S

Clarity

| | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|----------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| INH 300MG TAB TAKE 3 TABLETS BY MOUTH = 900MG TWICE A WEEK Rx 389634 COUNTS, HASMER, MD X 30 days START DATE 01/05/01 STOP DATE 04/04/01 | 1145 1145 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLONIDINE 0.1MG TABS 35-01 TAKE ONE TABLET BY MOUTH DAILY X 30 days Rx 412022 COUNTS, HASMER, MD START DATE 02/08/01 STOP DATE 04/08/01 | 0400 0400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B6 50mg tablet po Mon-Fri X 30 days START DATE 3-9-01 STOP DATE 4-8-01 | 1145 1145 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chlorzepate 200mg 1/11 tabs po TID X 30 days START DATE 3-9-01 STOP DATE 4-8-01 | 0400 1145 2100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chlorzepate 200mg 1/11 tabs po TID X 30 days START DATE 4-8-01 STOP DATE 5-8-01 | 0400 1145 2100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| START DATE | STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| START DATE | STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| START DATE | STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| START DATE | STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|-----------------------|------------------------|-------------|---------------------|---------|-------------------|---------|
| PRGY | NO KNOWN DRUG ALLERGY, | Counts | NURSE'S SIGNATURE | INITIAL | NURSE'S SIGNATURE | INITIAL |
| PROSIS | | | Deborah Lynn | DL | Deborah Lynn | DL |
| IDENT NAME | CRUTSINGER, BILLY | ID 1014350 | WING F.H.A-40 | | Barclay RN | BB |
| DOCUMENTATION CODES = | | | Light | | Nandra | |
| - Discontinued | | R - Refused | - Self Administered | | | |
| - Dose Omitte | | C - Court | NS - No Show | | | |

City Name

INH 300MG TAB

Mount Thauris

TAKE 3 TABLETS BY MOUTH =900MG TWICE A WEEK

Rx 389634 COUNTS, HASMER, MD X 30 days 4.80

START DATE 01/05/01 STOP DATE 03/08/01

CLOMIDINE 0.1MG TABS 2-7-01

TAKE ONE TABLET BY MOUTH DAILY X 30 days

Rx 412022 COUNTS, HASMER , MD

START DATE 02/01/01 STOP DATE 03/09/01

Blk 50 mg 1-1-10 PO Mon-Thurs X

START DATE 2-7-67 STOP DATE 3-9-67

1. Zingiber 200mg $\frac{111}{111}$ tabs. PO TID
X 30 days 4-8-01

START DATE 2-7-01 STOP DATE 3-9-01

of Quinidine 200 mg $\frac{1}{11}$ tabs PO
TID x 30 days

START DATE 3-9-61 STOP DATE 1-8-61

START DATE: _____ STOP DATE: _____

START DATE STOP DATE

START DATE STOP DATE

START DATE STOP DATE

NO KNOWN DRUG ALLERGY,

Poison Ivy

Count

ANALYSIS

| | |
|-------|-------------------|
| IDENT | CRUTSINGER, BILLY |
| NAME | |

1014350

| | |
|------|----------|
| WING | 1f49-110 |
|------|----------|

DOCUMENTATION CODES =

• Discontinue "Or"

R - Refused

Dose Omit

C - Court

6 - Self Administered

NS - No Show

NURSE'S SIGNATURE

INITIAL

NURSE'S SIGNATURE

INITIAL

Leggett Run
Cable for
Meyer & Co
Kern with us
L. H. H. D.

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H. J. Miller 20N
Clay
Reed or
Higley R.
S. H. L.

| | |
|--|----|
| | TR |
|--|----|

| NURSE'S SIGNATURE | INITIAL | NURSE'S SIGNATURE | INITIAL |
|-------------------|-------------|-------------------|---------|
| Theedon | TR | [Signature] | JY |
| C Wade Rn | CH | [Signature] | JL |
| Gallyft | EH | Heggett Lr | CP |
| Bisaraclay RN | BYS | [Signature] | W |
| Knapth Rn | KI | Sandra Hunt | FD |
| P Light Rn | [Signature] | | |

Monthly/Year

| | | | | | | | | | | | |
|--------------|--------------------------------------|----|---------|--------------|-----------------|-------------------|-----|---------|----|-------------------|-----|
| ALLERGY | NO KNOWN DRUG ALLERGY, Poison Ivy | | | Dr. Councils | | NURSE'S SIGNATURE | TR | INITIAL | TR | NURSE'S SIGNATURE | TR |
| DIAGNOSIS | | | | FHA-10 | | Reed Don | Don | | | Reed Don | Don |
| PATIENT NAME | CRUTSINGER, BILLY | ID | 1014350 | WING | cast | Don | | | | Reed Don | Don |

ALC. ALB. CHLOR.

INIT

23

ility Name

| HOURL | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Sendmin 50mg tab i PO qd x30 days START DATE 12-15-00 STOP DATE 01-14-01 | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Metron 200mg tab IV PO QID x 1 day START DATE 12-29-00 STOP DATE 12-30-00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Walden 3000 po bid x 15 d. START DATE 12-30-00 STOP DATE 01-13-01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|-----------------------|------------------|-----------------------|------------|-------------------|---------|
| DAY | POISON IV | NURSE'S SIGNATURE | INITIAL | NURSE'S SIGNATURE | INITIAL |
| PHYSICIAN | | ERALY | ER | YRooden | TR |
| WITH NAME | Cutsinger, Billy | 1014350 | WING 62-17 | allis and | |
| DOCUMENTATION CODES = | | | | | |
| Discontinue | R - Refused | S - Self Administered | | | |
| Dose Omitted | C - Court | NS - No Show | | | |

Sandra Pave N 2

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Microfilm flag

Mental Health

CAUTION SHEET MENTAL HEALTH SECTION; INTEGRATED PROGRESS NOTES INPATIENT SECTION, RELEASE AND DISCHARGE SUMMARY; RELEASE TREATMENT PLAN; MICROFICED INPATIENT PSY. RECORD; DIAGNOSTICS II EVALUATION; DIAGNOSTICS I EVALUATION.

NAME Critsinger Billy

MEDICAL ALERT

NUMBER 1614350

HEALTH SERVICES

TO BE PLACED ON FRONT OF CHART

THIS FORM TAKES PRECEDENCE FOR THIS POSITION OVER ALL OTHER FORMS
INCLUDING ANAESTHETIC RECORD

CAUTION

THIS PATIENT IS KNOWN TO HAVE A MEDICAL CONDITION OR SENSITIVITY AS LISTED BELOW

Allergies : Penicillin

TB Class



HEALTH SERVICES

TDCJ# 1014358

PSYCHOLOGICAL INTAKE PROGRESS NOTES

SITE: LINDSEY (LN)

Date/Time Inmate's Name: Crottinger, Billy D.O.B. 10/5/54
 2-14-00 1132 Patient states he had been taking
 Zoloft for depression prior to incarceration.
 Denies any suicidal thoughts or attempts.
 No Harm agreement signed and referred
 made to Dr. Morrissey. C. W. Webb

PSYCHOLOGICAL INTAKE

S Inmate participated in an initial Diagnostic and Assessment Process. Records were reviewed as part of this process to identify potential mental health needs. These records included 2 interview screens and were generated from inmate self report.

O Mental Illness History: Yes ___ No ☒

Suicide History or Current Suicide Ideology: Yes ___ No ☒

No Harm Agreement Signed: Yes ___ No ☒

Prior Psychiatric Evaluation: Yes ☒ No ___

Family History of Mental Illness: Yes ___ No ☒ (Other) ___

A Diagnosis Depression

No current Mental Health needs identified

P Follow-up upon request or referral.

Robert D. Morrissey, Ph.D.

DIAGNOSTIC SCREENING RESULT FORM

FROM: Diagnostic

DATE: 12-15-06

TO: Sociology

SUBJECT:

TDCJ # 1014350

CRUTSINGER, Billy

The Inmate Identified above has been evaluated through the Diagnostic Screening Process with the following results:

☒ No Special Needs Identified

☐ Referral for Further Diagnostic Evaluation

R. Morrissey Ph.D.
Signature R. Morrissey Ph.D.

Supervisor DI

Title

ATTACHMENT A - MHS I.A

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE MENTAL HEALTH SERVICES -
INITIAL MENTAL HEALTH SCREENING INTERVIEW**

DATE INTERVIEWED: 12, 15, 00SCREENER'S NAME: Bob Morrissey Ph.D.

BOB MORRISSEY, Ph.D.

NAME: CRUTSINGER, BillyTDCJ # 1014350DOB: 01/31/84AGE: 46GENDER: X MALE ☐ FEMALE

PLACE OF BIRTH: _____

RACE: X CAUCASIAN ☐ AFRICAN-AMERICAN☐ HISPANIC ☐ OTHER _____

PRIOR INCARCERATIONS:

YES NO

PRIOR ASSIGNMENT TO INPATIENT FACILITY:

YES NO

PRIOR ASSIGNMENT TO MROP:

YES NO

PRIOR ASSIGNMENT TO MENTAL HEALTH SERVICES CASELOAD:

YES NO

CURRENT OFFENSE: Robbery, Burg, saying to client

SPECIAL CONSIDERATIONS FOR INTERVIEWS:

☐ NONE☐ SPANISH SPEAKING ONLY☐ HEARING/VISUALLY IMPAIRED☐ WHEELCHAIR/OTHER SIGNIFICANT MOBILITY PROBLEM☐ SECURITY RISK _____☐ OTHER _____

INTELLIGENCE TEST SCORES:

EA SCORE _____

BETA _____

CULTURE FAIR _____

WAIS R _____

YES NO

1 HOW ARE YOU FEELING? _____

☐ ☐ 2 HAVE YOU EVER HAD ANY KIND OF MENTAL, EMOTIONAL OR NERVOUS PROBLEMS?

☐ ☐ DID YOU GET ANY TYPE OF COUNSELING?

FROM WHOM? (IF APPLICABLE) _____

WHAT WAS IT FOR? _____

WHEN WAS IT? multiple times in past

WHERE WAS IT? _____

☐ ☐ 3 HAVE YOU EVER TAKEN MEDICINE(S) PRESCRIBED FOR YOUR:
☐ NERVES ☐ MENTAL PROBLEMS, OR ☐ EMOTIONAL PROBLEMS?

SPECIFY THE MEDICATION: _____

WHEN DID YOU TAKE THIS MEDICATION? _____

BY WHOM WAS IT PRESCRIBED.

☐ PSYCHIATRIST☐ PHYSICIAN☐ OTHER: _____

CURRENT PSYCHOTROPIC MEDICATION: _____

DOSAGE: _____

YES

NO

()

()

4. HAVE YOU EVER BEEN A PATIENT IN A MENTAL HOSPITAL?

WHY? _____

WHEN? _____

WHERE? _____

() INVOLUNTARY COMMITMENT () VOLUNTARY COMMITMENT

()

()

5. HAS ANY MEMBER OF YOUR FAMILY EVER HAD MENTAL OR EMOTIONAL PROBLEMS?

WHAT TYPE? _____

()

()

6. HAVE YOU EVER HAD A HEAD INJURY OR SEIZURE:

SPECIFY: _____

()

()

7. HAVE YOU EVER TRIED TO HURT YOURSELF OR COMMIT SUICIDE?

HOW MANY TIMES? _____

HOW? () CUT ARM/WRIST () HANGING

() OD'ed ON _____

() OTHER _____

WHEN? _____

WHY? _____

WAS MEDICAL ATTENTION REQUIRED? () YES () NO

()

()

8. HAVE YOU EVER HURT YOURSELF ON PURPOSE WHEN YOU WERE NOT TRYING TO COMMIT SUICIDE?

HOW? _____

()

()

9. ARE YOU THINKING ABOUT HURTING OR KILLING YOURSELF NOW?

()

()

10. DO YOU HEAR THINGS THAT OTHER PEOPLE DO NOT HEAR?

SPECIFY: _____

()

()

11. DO YOU SEE THINGS THAT OTHER PEOPLE DO NOT SEE?

SPECIFY: _____

()

()

12. DO YOU BELIEVE THAT YOU HAVE ANY SPECIAL GIFTS OR SUPER POWERS THAT OTHERS DO NOT HAVE?

WHAT KIND? _____

()

()

13. WHAT KIND OF DRUGS DID YOU EXPERIMENT WITH OR USE ON A REGULAR BASIS?

() NONE () BARBITURATES () METHAMPHETAMINE (SPEED)

() HEROIN () ACID () INHALANTS () COCAINE/CRACK () HASH

() ALCOHOL () MARIJUANA () PCP

() OTHER _____

()

()

14. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? 11 WHERE? () USA

() MEXICO () OTHER: _____

DO YOU HAVE A () HIGH SCHOOL DIPLOMA () GED

~~YES~~ NO
()

15. WHILE IN SCHOOL, WERE YOU EVER IN SPECIAL CLASSES? LEAD WHAT GRADE(S)?

() kb 16. WERE YOU EVER PLACED IN A JUVENILE DETENTION OR OTHER GROUP HOME? WHY?

() h 17. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE COMMONLY CONSIDERED TO BE IN THE CATEGORY OF SEXUAL OFFENSES? IF YES, SPECIFY:

() h 18. HAVE YOU EVER, WITH LITTLE OR NO PROVOCATION, EXPERIENCED LOSS OF CONTROL OF YOURSELF THAT RESULTED IN SERIOUS ASSAULT TO SOMEONE OR DESTRUCTION OF PROPERTY?

() h 19. HAVE YOU EVER BEEN A VICTIM OF CRIMINAL VIOLENCE? IF YES, SPECIFY

() h 20. HAVE YOU EVER BEEN A VICTIM OF CHILDHOOD ABUSE? IF YES, SPECIFY

MENTAL STATUS

APPEARANCE: () UNREMARKABLE () DISHEVELED () ODD

HYGIENE: () GOOD () FAIR () POOR

INTERACTION: () COOPERATIVE () LIMITED () UNCOOPERATIVE

MOTOR BEHAVIOR: () WITHIN NORMAL LIMITS () RESTLESS () SLOWED

SPEECH () CLEAR () MUMBLES () SPEECH IMPEDIMENT

RATE OF SPEECH: () SPONTANEOUS () FAST () SLOWED

MOOD: () WITHIN NORMAL LIMITS () SAD () IRRITABLE
() UNUSUALLY HAPPY () ANXIOUS () FRIGHTENED
() SILLY () OTHER

ALERTNESS: () ALERT () CONFUSED () SLOWED () DISTRACTED

ORIENTATION: () ORIENTED TO TIME
() ORIENTED TO PLACE
() ORIENTED TO PERSON
() DISORIENTED TO

THOUGHT PROCESSES: () LOGICAL AND GOAL ORIENTED () TANGENTIAL
() DISORGANIZED ()

THOUGHT CONTENT: () HALLUCINATIONS () DELUSIONS
() SUICIDAL IDEATIONS () HOMICIDAL IDEATIONS
() NO COMPLAINTS ()

FURTHER PSYCHIATRIC/PSYCHOLOGICAL EVALUATION RECOMMENDED?
() YES () NO

WACKENHUT CORRECTIONS CORPORATION

NO HARM AGREEMENT

This is an agreement between Billy Cautinger (Inmate)
and C Wade RN Connie Wade RN (Staff Member)

The inmate agrees that he will speak to any staff member on duty when he feels suicidal or homicidal and seek help in order to avoid any self harm. Staff members agree that the treatment team will be contacted immediately if the inmate feels at risk for self harm. In addition to the supervisor the psychologist or health services staff will be called to counsel with the inmate immediately.

Signed: C Wade RN Date: 12-14-00
Staff Member

Signed: X Billy Cautinger Date: 12-14-00
Inmate

Signed: R D Perry Date: 12-15-00
Health Services Staff/

WACKEN JAIL CORRECTIONS CORPORATION

Mental Health Evaluation

John R. Lindsey State Jail (LN)

Site Name

Cruisinger, Billy

DOB

10-5-54

TDCJ ID#

164350Have you ever been hospitalized for an emotional or nervous problem? ☒ N ☐ Y

If yes, what hospital?

When?

Have you ever received counseling or outpatient treatment or the above? ☒ N ☐ Y

If yes, when?

Where?

Are you taking any psychotropic medication? ☒ N ☐ Y

If yes, name of medication and dosage

How often?

Who Prescribed it?

How long have you been taking it?

Do you use any of the following:

How much?

How often?

How long?

Beer?

Wine?

Liquor?

| | | |
|-------------------|-----------|-----------|
| <u>18 beers</u> | <u>No</u> | <u>No</u> |
| <u>each month</u> | <u>No</u> | <u>No</u> |
| <u>10 yrs</u> | <u>No</u> | <u>No</u> |

Have you ever been treated for alcohol abuse? ☒ N ☐ Y If yes, how many times?

When?

Where?

How long?

Have you ever used illegal drugs? ☒ N ☐ Y If yes, how many times?

If yes, how many times have you used in the past 12 months?

When did you start using these drugs?

Have you ever been treated for drug abuse? ☒ N ☐ Y If yes, how many times?

When?

Where?

How long?

Have you ever tried to commit suicide? ☒ N ☐ Y If yes, how many times?

Where?

Hospitalized?

Where?

When?

Have you ever thought about suicide? ☒ N ☐ Y If yes, when was the last time?

How often do you think of it often?

Sometimes?

Seldom?

Have you ever been suspended from school? ☒ N ☐ Y If yes, how many times?Have you ever lost a job because of a fight? ☒ N ☐ Y If yes, how many times?Have you ever had a seizure? ☒ N ☐ Y If yes, when?Have you ever had a head injury? ☒ N ☐ Y If yes, when?

What grade did you complete in school?

11Were you in any special education classes? ☒ N ☐ Y If yes, what class?Are you able to read and write English? ☒ N ☐ YHave you ever been convicted of a violent crime? ☒ N ☐ Y If yes, when?

What crime?

What was your sentence?

Where?

Have you ever been a victim of a violent crime? ☒ N ☐ Y If yes, when?

Where?

Do people consider you a violent person? ☒ N ☐ Y If yes, why?Have you ever been convicted of a sexual offense? ☒ N ☐ Y If yes, when?

Where?

How do you feel about your incarceration?

In okay with it

Referral:

☒

Mental Health

☐

Doctor

☐

Next Sick Call

☒

General Population

Interviewer:

Michael Byrnes RN

Title:

Michael Byrnes RNDate: 12-14-00

INMATE NAME Coutinger, Billy

Page:

INMATE DOB 10-5-54Consolidated INMATE NUMBER #1014350

Date

MASTER PROBLEM LIST

By: 10/27/01

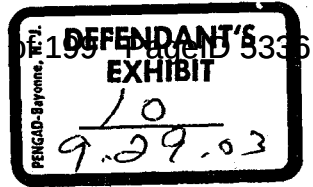
| No. | Problem Title | Date (1) Onset | Date (2) Active | Resolution of Problem (3) Date, Comment & Initials |
|-----|---|-------------------|--------------------|---|
| 1 | ALLERGIES <u>Penicillin</u> | | | |
| 2 | TB CLASS <u>II</u> | <u>12-16-00</u> | <u>18mm</u> | <u>CPK started 01/08/01</u> |
| 3 | TETANUS & DIPHTHERIA GIVEN <u>DEC 14</u> | | | <u>next due 12/20/01</u> |
| 4 | HEPATITIS B VACCINE <u>Refused</u> | <u>01/27/01</u> | | <u>Refusal on Chart.</u> |
| 5 | VARICELLA | | | <input checked="" type="checkbox"/> Immunity 5290 <input type="checkbox"/> Susceptible |
| 6 | <u>No Harm Agreement</u> | <u>12/14/00</u> | | |
| 7 | <u>1112 HIV HIGH RISK SCREENING COMPLETED</u> | <u>12/14/00</u> | | |
| 8 | <u>HTN 40/11</u> | <u>prior</u> | | |
| 9 | <u>Quil A 3000</u> | <u>prior</u> | | |
| 10 | <u>Administered Pneumococcal Vaccine</u> | <u>01/19/01</u> | | |
| 11 | <u>Administered Influenza Vaccine</u> | <u>01/19/01</u> | | |
| 12 | <u>Hep. B. Vaccine</u> | <u>01/01</u> | | <u>#1 01/31/01</u> |
| 13 | <u>HIV Negative</u> | <u>01/01</u> | | <u>Pre: 01/19/01 Post: 02/06/01</u> |
| | <u>Goat</u> | | | |
| | | | | |
| | | | | |

.. "Date Onset" = Date when Evidence of the problem began.

2. "Date Active" = Date when the problem was recognized or formulated.

3. "Resolution" = Problem no longer considered to be active; A dated; initialed comment amplifies.

Texas Department of Criminal Justice
INSTITUTIONAL DIVISION

CAUSE NO 0885306 D

THE STATE OF TEXAS § IN THE 213th JUDICIAL
 VS. § DISTRICT COURT OF
Billy Jack Crutinger § Tarrant COUNTY, TEXAS

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared Charles H Sanders, who being duly sworn, deposed as follows:

My name is Charles H Sanders. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

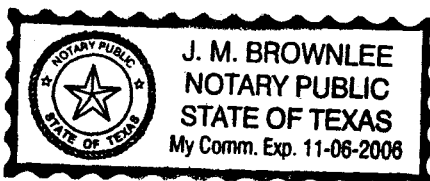
I am the custodian of the records for Birdville TSD

Attached hereto are 3 pages of records from Birdville TSD. These said 3 pages of records are business, and it was the regular course of business of Birdville TSD, with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

Charles H Sanders
 AFFIANT

SWORN TO AND SUBSCRIBED before me on the 23 day of July, 2003

My commission expires: _____



J. M. Brownlee
 Notary Public, State of Tx.

J. M. Brownlee
 Printed Name

FORM NO. 365B

**Ayer Integrated
Child Accounting Series**

| | | | | | | | | | | | |
|----------------|-------------|-------------|------------|----------|---|------|-------------------|-----------|----------------------------------|---------------------------------|--|
| NAME OF | Boy Date | (Last Name) | (First) | (Middle) | Birthplace Country or U. S. State | Race | Speaks English | Education | Occupation Parents or Plan | Birthdate.....10-5-54.....19... | Identification (Picture, Fingerprint, or Description) |
| | PUPIL | Crotzinger | Billy | Jack | Tex | A | yes | | | Birthdate Based on: | |
| | FATHER | Ralph | Crotzinger | | | | | | S.R.O. Asphalt | Age at Entrance: 13 | |
| | MOTHER | Louise | Crotzinger | | | | | | | Previous School Record: | |
| LEGAL GUARDIAN | | | | | | | | | | West Birdville | Color Eyes Color Hair Other: |

RECORD OF ATTENDANCE, SCHOLARSHIP, AND RESIDENCE

TOT ABS 33.0 TOT CRED .00

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|
| 7 ABS 33.0 TOT CRED 4.00 | | | | | | | | | | 10TH GRADE SUBJECTS | | | | | | | | | | 12TH GRADE SUBJECTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 70-71 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | CVAE Eng | | | | | | | | | | S S 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | HIST | | | | | | | | | | S S 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | LAW | | | | | | | | | | X S 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | P.E. | | | | | | | | | | C S 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | CVAE Lab | | | | | | | | | | H S 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8TH GRADE SUBJECTS First Quarter 1969-70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STUDENT NAME | | | | | | | | | | SCHOOL NO | | | | | | | | | | STUDENT NO. | | | | | | | | | | GRADE LEVEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHRISTIANEK | | | | | | | | | | 11360 | | | | | | | | | | 091155 | | | | | | | | | | 109 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBJECT | | | | | | | | | | 1ST SEMESTER | | | | | | | | | | 2ND SEMESTER | | | | | | | | | | YEAR AVERAGE | | | | | | | | | | UNITS OF CREDIT | | | | | | | | | | TEACHER NUMBER | | | | | | | | | |
| CVAE HEALTH 1 | | | | | | | | | | S | | | | | | | | | | F | | | | | | | | | | S | | | | | | | | | | 042 | | | | | | | | | | 032 | | | | | | | | | |

| | | | | | | | | | | | |
|---------------|-----|-------|--------|----------------|-------------------|------------------|---------------|--------------|-------------|-------------|------------------------------------|
| CVAE LAB | 031 | Year | School | City or County | Residence Address | Date of Entrance | Cause if late | Days Present | Days Absent | Times Tardy | Date and Reason for Withdrawal |
| CVAE MATH 1-2 | 046 | 68-69 | HJH | Tarrant | 2001 GLENDA | 9-4 | | | | | |
| ENGLISH 1-2 B | 011 | 69-70 | HJH | Tarrant | 2001 GLENDA | 9-2 | | | | | |
| P F 1-2 | 044 | 70-71 | HJH | " | " | 8-31 | | | | | |
| CL BUS 1-5 | 014 | 71-72 | " | " | " | 8-31 | | | | | 2-5-72 Transfer to Altamonte |
| | | | | | | 7 | | | | | |

| | | | | | |
|----------------------|--------------|-------|------------|---------|-------------|
| CLASS STANDING OF | UNITS EARNED | | ATTENDANCE | | SCHOOL YEAR |
| | FALL YEAR | TOTAL | PERCENT | REMARKS | |
| | 061 | | 100% | ROBERT | 69-70 |

| | | | | | |
|--------------------|--------------------|-----|-----|-------------|------------------|
| Date of Graduation | Rank of Pupil: 1st | 2nd | 3rd | 4th quarter | Transfer sent to |
|--------------------|--------------------|-----|-----|-------------|------------------|

Ques. Billy
no being
agent to
The agent with
made a copy
of a copy of
the

DATE OF BIRTH

10-5-54

TELEPHONE NO. (In Parenthesis)

TE8-9467

EDUCATIONAL TEST RECORD

| Grade | Age | Name of Test | Score | T. A.° | Remarks |
|-------|------|---------------------|-------|--------|---------|
| 1 | 7-11 | Met. Readiness Test | 68 | | |
| 3 | 10 | Stanford Beh. | | | |
| 4 | 11 | Stanford Maturity | | 3.4 | |

*T. A. = Test Age; the Score in Chronological Age, Mental Age, or Achievement Age. Use %ile if preferred.

GROWTH, HEALTH, AND IMMUNIZATION RECORD

RECORD OF SPECIAL EDUCATION AND PHYSICAL DEFECTS

| Grade | Item | Condition | Action Taken | Year-End Results |
|-------|--------------------|-----------|-----------------|------------------|
| | CRUTSINGER BILLY J | | 001000497 | 10 |
| | HALTOM HIGH | | | 11/70 |
| | DIFFERENTIAL | AP1 | TUDE TESTS FORM | L |
| | | RS 9 | N% | RS N% |
| | VERBL RESD | 21 | 5% | 12 10% |
| | NUM+VERBL | 22 | 5% | 16 10% |
| | CLER SPEAC | 22 | 3% | 34 10% |
| | SPACE RELA | 15 | 15% | 38 5% |
| | LANG USEGR | 1 | 5% | |

Interests, Distinctions, and Memberships

9. Deficient
A. Toxicity

Eight

(Position)

CAUSE NO. 0885306D

| | | |
|------------------------------|----------|--------------------------------|
| THE STATE OF TEXAS | X | IN THE DISTRICT COURT |
| VS. | X | TARRANT COUNTY, TEXAS |
| BILLY JACK CRUTSINGER | X | 213TH JUDICIAL DISTRICT |

COURT REPORTER'S CERTIFICATE

I, Steve Schiller, Deputy Court Reporter in and for the 213TH District Court of Tarrant County, Texas, do hereby certify that the following exhibits constitute true and complete duplicates of the original exhibits, excluding physical evidence, offered into evidence during the trial in the above-entitled and numbered cause as set out herein before the Honorable Robert K. Gill, Judge presiding, and a jury.

I further certify that the total cost for the preparation of this Reporter's Record is
\$ and will be paid by Tarrant County.

WITNESS MY OFFICIAL HAND on this, the 26th day of July, 2004.



Stephen B. Schiller, CSR
Official Court Reporter
213th District Court
401 West Belknap
Fort Worth, Texas 76196
License No. 4665
Expires: 12-31-05

CAUSE NO. 0885306D

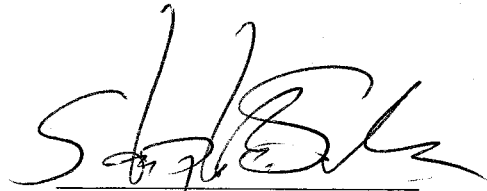
| | | |
|------------------------------|----------|--------------------------------|
| THE STATE OF TEXAS | X | IN THE DISTRICT COURT |
| VS. | X | TARRANT COUNTY, TEXAS |
| BILLY JACK CRUTSINGER | X | 213TH JUDICIAL DISTRICT |

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I further certify that the total cost for the preparation of this Reporter's Record is \$ 30,921.⁹⁹ and will be paid by Tarrant County.

WITNESS MY OFFICIAL HAND on this, the 26th day of July, 2004.



Stephen B. Schiller, CSR
Official Court Reporter
213th District Court
401 West Belknap
Fort Worth, Texas 76196
License No. 4665
Expires: 12-31-05